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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

2018 APR 17 PM 2:44

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION

White Magic Samoyeds Inc

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: White Magic Samoyeds Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8453 Firefox CV

8453 Firefox CV

Orlando FL, 32835

Orlando FL, 32835

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Samoyed Breeder and Trainer

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carrie Collier - Director

Name and Title: _____

Address 8453 Firefox CV

Address: _____

Orlando FL, 32835

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Carrie Collier
Address: 8453 Firefox CV
Orlando FL, 32835

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carrie Collier
Address: 8453 Firefox CV
Orlando FL, 32835

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4/17/2018 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Carrie Collier
Required Signature/Registered Agent

04/09/2018
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Carrie Collier
Required Signature/Incorporator

04/09/2018
Date

FILED
18 APR 17 PM 3:21
TALLAHASSEE, FLORIDA