P18000081577

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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18 SEP 28 PM 2: 00

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Magnifice + Mintenance ; Remodeling inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
200	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	JDÉ SUFFIX)		
Enclosed are an original a	nd one (1) copy of the arti	cles of incorporation and	l a check for:		
Filing Fee Fil	\$78.75 ing Fee Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certified Copy & Certificate of Status		
		ADDITIONAL COPY REQUIRED			
FROM: <u>Ни ућ</u>	kad Chad Pro	(Printed or typed)			
316	Malaga Pla	Ce PES	Fb3X49		
Pon	ma City Beachy	State & Zip	32413		
_ 85	0 - 625-5 Davtime 1	129			
Chr		d for Juture annual report	notification)		

NOTE: Please provide the original and one copy of the articles.

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

<u> ARTICLE II — PRINCIP</u>				ic modeling in
	incipal street address	<u></u>	ailing address.	
City Beach	,		·- <u>-</u>	
ARTICLE III PURPOS The purpose for which the	corporation is organized is: H	ny and	ALL	Lawful
		<u> </u>		2018 S
				FI FP 2 FP 2 HASS
ARTICLE IV SHARES The number of shares of ste				PH 2: 0
ARTICLE V INITIAL	OFFICERS AND/OR DIRECTOR	<u>85</u>		Ca
	Highlad Chal Pr	1 T.H	<u>.</u>	(6
Name and Title:	Highland Chid Pr 316 Malaga PL	Name and Title:Address:		(6
Name and Title:	Highland Chied Pr	Name and Title:Address:		(9
Name and Title:_ Address _	Highland Chid Pr 316 Malaga PL	Name and Title: Address:		
Name and Title:_ Address _	Highland Chid Pr 316 Malaga PL Parama City Baca	Name and Title: Address: Name and Title:		
Name and Title:_ Address Name and Title:	Hughland Chud Pr 316 Malaga PL Panama City Beac	Name and Title: Address: Name and Title: Address: Address:		
Name and Title:_ Address Name and Title: Address	Hughland Chud Pr 316 Malaga PL Panana City Baca	Name and Title: Address: Name and Title: Address: Address:		

Name and T	Title:	Name and Title:	
Address		Address:	
ARTICLE VI - RE	GISTERED AGENT	•	
	da street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name: A	Highland Chad Parvitet	_	
Address:	316 Milys PLACE	_	
-	PCB FL 37413	_	
<u>ARTICLE VII IN</u>	CORPORATOR		
The name and addr	ress of the Incorporator is:		प्रकार जिल्हा । इ.स.च्या
Name:	Aughtone Chad Print	· _	
Address:	Myhlmc Chad Pritt	- ,	
	PCB FL 32413		
<u>ARTICLE VIII - E.</u>	FFECTIVE DATE:		
Effective date, if oth (If an effective date filing.)	ner than the date of filing: e is listed, the date must be specific and can	. (OPTIONAL) not be more than five days prior	or 90 days after the
•	serted in this block does not meet the applicab	e statutory filing requirements, th	is date will not be listed as
	ctive date on the Department of State's records		
Having been named this certificate, I am	l as registered agent to accept service of proce familiar with and accept the appointment as t	ss for the above stated corporation	on at the place designated in n this capacity
Horshel	and had fin		9-28-18
-1	Required Signature/Registered Agent		Date
	nent and affirm that the facts stated herein a		
document to the De	partment of State constitutes a third degree fel	ony as provided for in s.817.155, i	2 -0 10
Husplin	al (hol //hos		9-28-18
Required	d Signature/Incorporator		Date