

P20000022537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

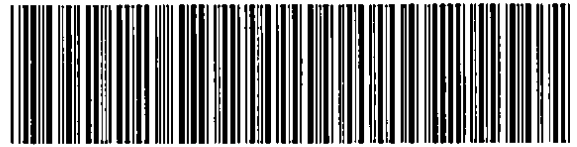
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



200341895122

03/11/20--01021--008 ♦♦78.75

2020 MAR 13 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FL

20 MAR 11 1:12:51

CULLIGAN
MAR 12 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MAGIC DAY PROPERTIES INC

Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- ☒ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 12, 2020

CAPITAL CONNECTION, INC.

SUBJECT: MAGIC DAY PROPERTIES INC
Ref. Number: W20000026574

We have received your document for MAGIC DAY PROPERTIES INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the title for Wendell Fagundes

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 820A00005474

2020 MAR 13 11:37

FILED

2020 MAR 13 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FL

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: **MAGIC DAY PROPERTIES INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address

1191 E NEWPORT CENTER DR #103

DEERFIELD BEACH, FL 33442

Mailing address, if different is:

1191 E NEWPORT CENTER DR #103

DEERFIELD BEACH, FL 33442

ARTICLE III PURPOSE

The purpose for which the corporation is organized is **ANY AND ALL LAWFUL BUSINESS**

ARTICLE IV SHARES

The number of shares of stock is **1,000.00 (One Thousand)**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **ALPHA 12 PROPERTIES INC – PDS**

Address **HUNKINS WATERFRONT PLAZE STE 556**

MAIN STREET, CHARLESTOWN, NEVIS

Name and Title: **WENDELL FAGUNDES – DT**

Address: **1191 E NEWPORT DR #103**

DEERFIELD BEACH, FL 33442

ARTICLE VI REGISTERED AGENT

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

Name: **CSG – CAPITAL SERVICES GROUP INC**

Address: **1191 E NEWPORT CENTER DR #103**

DEERFIELD BEACH, FL 33442

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **WENDELL FAGUNDES**

Address: **1191 E NEWPORT CENTER DR #103**

DEERFIELD BEACH, FL 33442

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing:

(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.

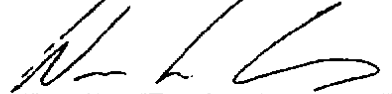
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

03/10/2020
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.



Required Signature/Incorporator

03/10/2020
Date

FILED
2020 MAR 13 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FL