

P22-000030597

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

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

Email Address: JAGACCOUNTING1@GMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
Magically Optimistic, Inc

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2022 APR 22 AM 10:30

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2022 APR 22 AM 8:56

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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: Magically Optimistic, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
<u>4704 Country Oaks Boulevard</u>	<u></u>
<u>Sarasota, FL 34243</u>	<u></u>
<u></u>	<u></u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any Legal or Lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is: 1,500 at No Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Letitia Ali - President/Director</u>	Name and Title:	<u></u>
Address	<u>4704 Country Oaks Boulevard</u>	Address:	<u></u>
	<u>Sarasota, FL 34243</u>		<u></u>
	<u></u>		<u></u>
Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>
Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>

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 COUNTY CLERK
 TALLAHASSEE, FLORIDA

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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: Letitia Ali
 Address: 4704 Country Oaks Boulevard
Sarasota, FL 34243

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

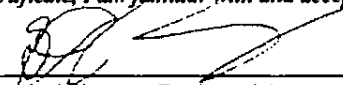
Name: Letitia Ali
 Address: 4704 Country Oaks Boulevard
Sarasota, FL 34243

ARTICLE VIII EFFECTIVE DATE:


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

 April 21, 2022
 Required Signature/Registered Agent 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.

 April 21, 2022
 Required Signature/Incorporator Date

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 DEPARTMENT OF STATE
 TALLAHASSEE, FL 32304

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