

Florida Department of State
Division of Corporations
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((H22000210431 3)))



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To:

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

From:

Account Name : JABBASH LLC
Account Number : I20220000113
Phone : (407)434-0012
Fax Number : (321)577-1025

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

Email Address: BlessedTeaminfo@protonmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
MAGICOINS INC**

Certificate of Status	1
Certified Copy	0
Page Count	04
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2022 JUN 17 AM 9:16

CORPORATIONS
COMMERCIAL
SERVICES

2022 JUN 17 PM 1:34

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Corporate Filing Menu

Help

COVER LETTER

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

(((H22000210431 3)))

SUBJECT: MAGICOINS, INC.**(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED**FROM: Lesbia Segura**

Name (Printed or typed)

3321 S ORANGE BLOSSOM TRAIL #206

Address

Kissimmee, FL 34746

City, State & Zip

407-434-0012

Daytime Telephone number

BlessedTeaminfo@protonmail.com

E-mail address: (to be used for future annual report notification)

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

2022 JUN 17 PM 4:34

(((H22000210431 3)))

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

((H22000210431 3)))

ARTICLE I NAME

The name of the corporation shall be: MAGICOINS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
601 6TH ST N

Mailing address, if different is:

Dundee, FL 33838

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE L HERNANDEZ, P

Name and Title: _____

Address 601 6TH ST N

Address: _____

Dundee, FL 33838

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: JOSE L HERNANDEZ, P

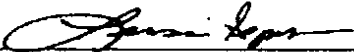
Name and Title: _____

Address 601 6TH ST N

Address: _____

Dundee, FL 33838**ARTICLE VI REGISTERED AGENT**The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: Lesbia SeguraAddress: 3321 S ORANGE BLOSSOM TRAIL #206Kissimmee, FL 34746**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Lesbia SeguraAddress: 3321 S ORANGE BLOSSOM TRAIL #206Kissimmee, FL 34746**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: June 11, 2022 (OPTIONAL)

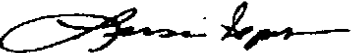
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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*

Required Signature/Registered Agent

June 11, 2022

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

June 11, 2022

Date

2022 JUN 17 PM 4:34