

P9500047340

TRANSMITTAL LETTER

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

100001514721  
-06/16/95--01001--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: CLOSET MAGIC, INC.  
(Proposed corporate name - must include suffix)

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

☐ \$70.00  
Filing Fee


☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: JAMES D. HORAN  
Name (printed or typed)  
209 CROWN OAKS  
Address  
LONGWOOD, FL. 32779  
City, State & Zip  
407-862-0715  
Daytime Telephone number

6/19/95  


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

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

RECEIVED  
JUL 19 1961  
MILLABRE  
3-12

### ARTICLE I NAME

The name of the corporation shall be:

CLOSET MAGIC, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

209 CROWN OAKS WAY  
LONGWOOD, FL. 32779

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1.000 par value \$1.00

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JAMES D. HORAN  
209 CROWN OAKS  
LONGWOOD, FL. 32779

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JAMES D. HORAN  
209 CROWN OAKS  
LONGWOOD, FL. 32779

ALBERT S MAIR  
764 JORDAN CT.  
OVIEDO, FL. 32765

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

13 day of JUNE, 19 95.

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: CLOSET MAGIC, INC.

2. The name and address of the registered agent and office is:

JAMES D. HORAN  
(NAME)

209 CROWN OAKS WAY  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

LONGWOOD, FL. 32779  
(CITY/STATE/ZIP)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

James D. Horan  
(SIGNATURE)

6/13/95  
(DATE)