P96000024335

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

No. 52504

RE: Magic Pan Company

96 MAR 19 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NAME _____
FIRM _____
ADDRESS _____
_____
_____
PHONE ( ) _____

Service: Top Priority ____ Regular ____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee $ _____ Our $ _____

	FEE	DISBURSED
____ Capital Express**		
✓ Art. of Inc. File		
____ Corp. Record Search		
____ Ltd. Partnership File		
____ Foreign Corp. File		
✓ ( ) Cert. Copy(s)		
____ Art. of Amend. File		
____ Dissolution/Withdrawal		
____ C U S.		
____ Fictitious Name File	****122.50	****122.50
____ Name Reservation		
____ Annual Report/Reinstatement		
____ Reg. Agent Service		
____ Document Filing		
____ Corporate Kit		
____ Vehicle Search		
____ Driving Record		
____ Document Retrieval		
____ UCC 1 or 3 File		
____ UCC 11 Search		
____ UCC 11 Retrieval		
____ ____ File No.'s, ____ Copies		
____ Courier Service ____		
____ Shipping/Handling		
____ Phone ( )		
____ Top Priority ____		
____ Express Mail Prep. ____		
____ FAX ( ) pgs.		
SUBTOTALS ____		

FEE	$
DISBURSED	$
SURCHARGE	$
TAX on corporate supplies	$
SUBTOTAL	$
PREPAID	$
BALANCE DUE	$
_____	$

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No.
BY			

WALK-IN
Will Pick Up ____ _____

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

TRANSMITTAL LETTER

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

SUBJECT: MAGIC PAD COMPANY
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of Incorporation and our check for $ 1.50 .

FROM: PAMELA PASS
Name (printed or typed)
9991 TRAIL TERRACE SUITE D
Address
NAPLES FLORIDA 33940
City, State, & Zip
(941) 2636688
Telephone Number

Note: Please provide the original and one copy of the Articles.

ARTICLES OF INCORPORATION

OF

FILED

96 MAR 19 AM 11:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAGIC PAN COMPANY

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.

ARTICLE I NAME

The name of the corporation shall be:

MAGIC PAN COMPANY

ARTICLE II PRINCIPAL OFFICE

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

999 TRAIL TERRACE, SUITE D
NAPLES, FLA 33940

ARTICLE III CAPITAL STOCK

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

10,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PAMELA PASS
999 TRAIL TERRACE, SUITE D
NAPLES, FLA 33940

ARTICLE V INCORPORATOR(S)

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

MICHAEL A GRIFFIN

PAMELA PASS
25222 GOLF LAKE CIRCLE
BONITA SPRINGS, FLA 33923

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

18 day of MARCH, 19 96.

Signature

Signature

Signature

Articles of Incorporation
Filing Fee - $35

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

FILED
96 MAR 19 PM 1:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: MAGIC PAL COMPANY

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

PAMELA PASS
(NAME)

999 TRAIL TERRACE SUITE D
(P.O. BOX NOT ACCEPTABLE)

NAPLES, FLORIDA 33940
(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.

SIGNATURE Pamela Pass

DATE 3-18-96

REGISTERED AGENT FILING FEE: $35.00

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

P96000024335

NAME _____
FIRM _____
ADDRESS _____

PHONE ( ) _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Mailer No.: _____ Express Mail No. _____

State Fee $ _____ Our $ _____

RE: Magic Lawn Company

	C.C. FEE	DISBURSED
_____ Qualif. Ext. Fee		
_____ Inc. File		
_____ Corp. Record Search		
_____ Ltd. Partnership File		
_____ Foreign Corp. File		
_____ ( ) Cert. Copy(s)		
_____ Art. of Amend. File		
_____ Dissolution/Withdrawal		
_____ C U S-		
_____ Fictitious Name File		
_____ Name Reservation		
_____ Annual Report/Reinstatement		
_____ Reg. Agent Service		
_____ Document Filing		
_____ Corporate Kit		
_____ Vehicle Search		
_____ Driving Record		
_____ Document Retrieval		
_____ UCC 1 or 3 File		
_____ UCC 11 Search		
_____ UCC 11 Retrieval		
_____ ____ File No.'s, ____ Copies		
_____ Courier Service _____		
_____ Shipping/Handling		
_____ Phone ( )		
_____ Top Priority _____		
_____ Express Mail Prep. _____		
_____ FAX ( ) pgs.		
_____		
SUBTOTALS _____		

96 SEP 20 AM 10:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEE..... $ _____
DISBURSED..... $ _____
SURCHARGE..... $ _____
TAX on corporate supplies..... $ _____
SUBTOTAL..... $ _____
PREPAID..... $ _____
BALANCE DUE..... $ _____
_____ $ _____

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	9/20		
TIME			CK No.
BY			

WALK-IN
Will Pick Up _____ _____

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum

THANK YOU
from
Your Capital Connection

96 SEP 20 AM 10:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF AMENDMENT

TO

ARTICLES OF INCORPORATION

OF

MAGIC PAN COMPANY

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: *(Indicate article number(s) being amended, added or deleted)*

RESOLVED The name of the Corporation is hereby changed to " MAGIC PAN, INC "

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: September 4, 1996.

FOURTH: Adoption of Amendment(s) (check one)

___ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

___ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

X The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

___ The amendment(s) was/were approved by the shareholders through voting groups.

[The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s).]

The number of votes cast for the amendment(s) was/were sufficient for approval by_____.

(voting group)

Signed this 10th day of September, 1967

By _____

(Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(A director or incorporator if adopted by the directors or incorporators)

Primo A. Pinto

(Typed or print name)

Vice President

(Title)