

P96000061940

TRANSMITTAL LETTER

FILED

96 JUL 22 PM 1:32

SECRET
TALLAHASSEE, FLORIDA

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

100001901341
-07/23/96--01036--003
*****70.00 *****70.00

SUBJECT: AAA-1 Magic Reporting Services, 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:

TRINA DADD
Name (printed or typed)

Two Little Waking Circle
Address

Altamonte Springs, FL 32714
City, State & Zip

(407) 788-6995
Daytime Telephone number

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

20
7-24-96

ARTICLES OF INCORPORATION

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SECRET
TALLAHASSEE
FLORIDA

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:

AAA-1 Magio Reporting Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

720 Little Wekiva Circle
Altamonte Springs, FL 32714

P.O. Box 160122
Altamonte Springs, FL 32716-0122 (mailing)

ARTICLE III SHARES

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



100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

TRINA DODD
720 Little Wekiva Circle
Altamonte Springs, FL 32714

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

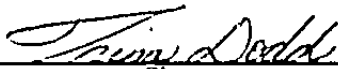
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

TRINA DODD
720 Little Wekiva Circle
Altamonte Springs, FL 32714

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

17th day of July, 19 96.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation is: AAA-1 Magic Reporting Services, Inc.

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

TRINA DODD
(NAME)

720 Little Wekiwa Circle
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Altamonte Springs, FL 32714
(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.

Trina Dodd
(SIGNATURE)

7-17-96
(DATE)