

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

400002815354--8

-03/23/99--01061--006

*****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MAZDA MOTOR CORP (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 23, 1999

LAZARUS

MIAMI, FL

SUBJECT: MAGIC DOLLAR, INC.
Ref. Number: W99000006941

We have received your document for MAGIC DOLLAR, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 999A00014436

RECEIVED
99 MAR 25 PM 2:53
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

MAGIC .99 CENTS, INC.

FILED
99 MAR 25 PM 3:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

NAME

The name of the corporation shall be:

MAGIC .99 CENTS, INC.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business of said corporation shall be at: 7856 SW 24TH STREET
MIAMI FL 33165

whit the privilege of having branch offices at other places within or without the State of Florida.

ARTICLE III

CAPITAL STOCK

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

One Hundred Shares

Articles of Incorporation

ARTICLE IV

INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

OVIANA GARRIDO
4242 SW 97TH COURT
MIAMI FL 33165

ARTICLE V

INCORPORATORS

The names and street addresses of the incorporators to these Articles of Incorporation are:

NAME	ADDRESS
CECILIA E. GARRIDO-PRESIDENT	4242 SW 97TH COURT MIAMI FL 33165
OVIANA GARRIDO-V/PRESIDENT	4242 SW 97TH COURT MIAMI FL 33165
ONOFRE GARRIDO Jr.-TREASURER	4242 SW 97TH COURT MIAMI FL 33165

Articles of Incorporation

IN WITNESS WHEREOF, WE, the undersigned, being each of the original subscribers to the capital stock hereinabove named, for the purpose of forming a corporation to do business both within and without the State of Florida, under the laws of Florida, do make and file these Articles, hereby declaring and certifying that the facts herein stated are true, and do respectfully agree to take the number of shares hereinabove set forth, and hereunto set our hands and seals, this the 10th day of March, 1999

WITNESSES

Emilio Guavato

Cecilia E. Garrido

CECILIA E. GARRIDO
PRESIDENT

Emilio

Oviana Garrido

OVIANA GARRIDO
V. PRESIDENT

Onofre Garrido Jr.

Onofre Garrido Jr.

ONOFRE GARRIDO Jr.
TREASURER

STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

BEFORE ME, the undersigned authority, personally appeared CECILIA E. GARRIDO, OVIANA GARRIDO and ONOFRE GARRIDO Jr. who are known to me to be the persons described in and who executed the foregoing Articles of Incorporation and who, after being by me first duly sworn, on oath, depose and say and do acknowledge before me, that the said Articles to be the act and deed of the signers respectively and the facts and matters therein set forth are true and correct.

Indiana V. Somoza
Notary Public



INDIANA V SOMOZA
My Commission CC506056
Expires Oct. 26, 1999

CERTIFICATE DESIGNATING RESIDENT AGENT

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: MAGIC .99 CENTS, INC.
2. The name and address of the registered agent and office is:
OVIANA GARRIDO
4242 SW 97TH COURT
MIAMI FL 33165


Corp. Officer: CECILIA E. GARRIDO
PRESIDENT

Date: March 10, 1999

Having been named to accept service of process for the above stated corporation at 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.


OVIANA GARRIDO

Date: March 10, 1999

STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County above-named to take acknowledgements, personally appeared OVIANA GARRIDO to me known to be the person described as the Resident Agent, and who executed the foregoing Certificate and acknowledged before me that he executed the foregoing Certificate Designating Resident Agent. IN WITNESS WHEREOF, I set my hand and official seal in the County and State named above, this 10th day of March, 1999.

Notary Public,
State of Florida

My commission expires: _____

FILED
MAR 25 PM 3:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA