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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

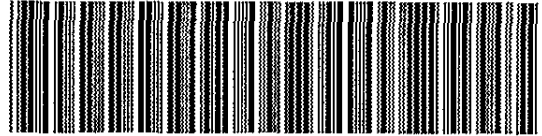
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: MG Accounting Consultant Corp.

(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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Miriam E. Gonzalez

Name (Printed or typed)

10131 SW 154 Cir Ct. Unit 107

Address

Miami, Florida 33196

City, State & Zip

786-261-8761

Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

MG Accounting Consultant Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10131 SW 154 Cir Ct. # 107 Miami, Florida 33196

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:

500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Miriam E. Gonzalez - President, Vice-Pres 10131 SW 154 Cir Ct. #107 Miami, FI 33196

Ivan Roque - Sec, Tres. 10131 SW 154 Cir Ct. #107 Miami, FI 33196

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

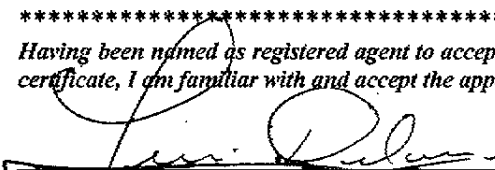
Luis A. Dillan 10131 SW 154 Cir Ct. # 107 Miami, FI 33196

ARTICLE VII INCORPORATOR

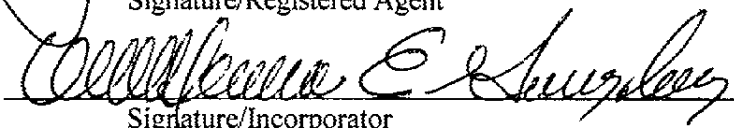
The name and address of the Incorporator is:

Miriam E. Gonzalez 10131 SW 154 Cir Ct. # 107 miami, FI 33196

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


Signature/Registered Agent

12/12/02
Date


Signature/Incorporator

12/12/02
Date

FILED
02 DEC 13 AM 9:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA