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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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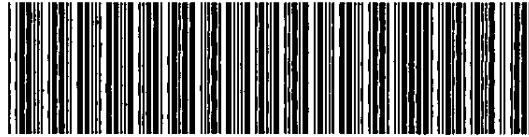
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

11/11

## COVER LETTER

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

SUBJECT: MAG WILDLIFE AND PEST CONTROL INC.  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: MIGUEL A GARCES  
Name (Printed or typed)

2075 N.E. 202 ST  
Address

NORTH MIAMI BEACH FL 33179  
City, State & Zip

786-299-8984  
Daytime Telephone number

MIGUEL GARCES 58@GMAIL.COM  
E-mail address: (to be used for future annual report notification)  
gmail.com

**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: MAG Wildlife And Pest Control Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

2075 N.E. 2025T  
NORTH MIAMI BEACH, FL. 33179

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: WILDLIFE AND PEST CONTROL

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MIGUEL GARCES. Name and Title: \_\_\_\_\_

Address: PRESIDENT Address: \_\_\_\_\_

2075 N.E. 2025T

N.M.B. FL 33179  
North Miami Beach, FL

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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TALLAHASSEE FLORIDA

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
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\_\_\_\_\_  
16 MAR 25 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: MIGUEL GARCES  
Address: 2075 N.E. 2025T  
N.M.D. FL 33179

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: MIGUEL GARCES  
Address: 2075 NE 2025T  
N.M.D. FL 33179

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

M. A. Garces

Required Signature/Registered Agent

3-21-16  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

M. A. Garces

Required Signature/Incorporator

3-21-16  
Date