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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

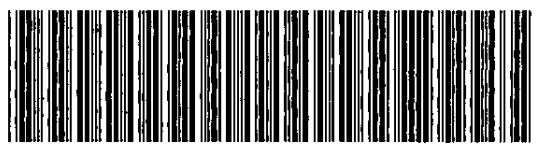
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: MIGUEL A GARCES
Name (Printed or typed)

2075 N.E. 202 ST
Address

NORTH MIAMI BCH 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: _____

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Address _____

Address: _____

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