Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220001127613)))



H220001127613ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	To:		Corporations	S. CHATHAM	
	_	Fax Number	: (850)617-6381	MAR 2 8 2022	
	From:			1 1 1 1 2 0 ZOZZ	
		Account Name	=		
		Account Numb	er : I2022 <del>00000</del> 23		
		Phone	: (800)221-2972	Į.	
2	TIONS CES CES	Fax Number	: (917)243-5843	SECH	22 +
Ę.	V25 Sitenter 0.10 and	the email addr	ress for this business er ilings. Enter only one e	ntity to be used for future mail address please **	MAR 28
-	- <del>15</del> 51 3	lour (cpo) c mu	illings. circul only one c	mair additess presse. System	ဆ
ထ	ξ <sup>*</sup> (.'. <u>·</u> . * Εms	ail Address:			~
28	i er er	111 Auul 633	<del></del>		>= 1,
MAR	7			3 - <b>0</b>	_
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				•
	4	***************************************			•

## Magnetti Inc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I A	VAME orporation shall be:	MAGNETTI INC	· ·	
<u>ARTICLE II _ 1</u>	PRINCIPAL OFFICE Principal street a	ddress	Mailing add	lress, if different is:
505 BEACE	HLAND BLVD #252			
VERO BEA	CH, FLORIDA 32963			
ARTICLE III P The purpose for w	URPOSE thich the corporation is	organized is:CO	NSULTING	
				22 See TALL
RTICLE IV Since number of share		<del></del>		MAR 28 RETARY ( AHASSEE
Name and	Title: EUGENE MA	GNETTI, DIRECTOR	Name and Title:	
Address	505 BEACHLAN	VD BLVD #252	Address:	7
	VERO BEACH,	FL 32963		· <del>-</del>
Name and T	Title:		Name and Title:	
Address				
Name and T	itle:		Name and Title:	
Address	<del></del>	<del></del>	Address:	
			<del>-</del>	

" Name at	nd Title:	Name and Title:	
Addres	s	Address:	
	REGISTERED AGENT		
The name and F	lorida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	EUGENE MAGNETTI	<del></del>	7.0
Address:	505 BEACHLAND BLVD #252	<u></u>	22 M SECE ALLEA
	VERO BEACH, FLORIDA 32963		MAR 28 AM 6: 47 GRETARY OF STATE WAHASSEE, FLORID
		<del></del>	SSEE SSEE
ARTICLE YIL	<u>INCORPORATOR</u>		
The name and a	ddress of the Incorporator is:		9186 31818 2 <b>1-19</b>
Name:	STEPHAN MONEREAU		57 70
Address:	100 WALL STREET STE 503		
	NEW YORK, NY 10005	·- <u>-</u>	
<u>ARTICLE VIII</u>	EFFECTIVE DATE:		
Effective date, if	other than the date of filing:	. (OPTIONAL)	
(II an effective of filing.)	late is listed, the date must be specific and (	cannot be more than five days pr	or or 90 days after the
Note: If the date	inserted in this block does not meet the appli	cable statutory filing requirements.	, this date will not be listed

Required Signature/Registered Agent

Required Signature/Incorporator

document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a

03/25/2022

03/25/2022

Date

Date