

**P24000014869**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : GS2 LAW PLLC  
Account Number : I20230000144  
Phone : (305)780-5212  
Fax Number : (786)954-3860

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

2024 FEB 27 PM 1:56

**FLORIDA PROFIT/NON PROFIT CORPORATION  
MAGNO FUSION INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 27 PM 1:56

**FILED**

2/28/24

**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: MAGNO FUSION INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

20803 Biscayne Blvd., Suite 405  
Aventura, FL 33180

20803 Biscayne Blvd., Suite 405  
Aventura, FL 33180

**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: 1000 at .001 par value

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

Name and Title: Leon Kassin, President & Treasurer Name and Title: Aida Kassin, Vice President

Address: 20803 Biscayne Blvd., Suite 405 Address: 20803 Biscayne Blvd., Suite 405  
Aventura, FL 33180 Aventura, FL 33180

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

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

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

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

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FEB 27 2024  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Salford Corporate Services Inc.  
 Address: 20803 Biscayne Blvd., Suite 405  
Aventura, FL 33180

**ARTICLE VII INCORPORATOR**

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

Name: Vivian Rivero  
 Address: 20803 Biscayne Blvd., Suite 405  
Aventura, FL 33180

**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 days prior or 90 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*

/s/Yosef Shwedel \_\_\_\_\_ 2/27/2024  
 Required Signature/Registered Agent Date

By: Yosef Shwedel, Director of Salford Corporate Services Inc.

*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.*

/s/Vivian Rivero \_\_\_\_\_ 2/27/2024  
 Required Signature/Incorporator Date

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 FEB 27 2024  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA