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

From:  
Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

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

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

FILED  
2022 MAR -8 AM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Services & Industries Magana Corporation**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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**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: Services & Industries Magana Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

7901 4th St N STE 300

St. Petersburg, FL 33702

Mailing address, if different is:

7901 4th St N STE 300

St. Petersburg, FL 33702

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any lawful purpose

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: DIEGO FERNANDO MAGANA SOSA, D

Address: 7807 W Hill Rd

MOUNT AIRY, MD 21771

Name and Title: RUBEN ALEXANDER MAGANA SOSA, D

Address: 7807 W Hill Rd

MOUNT AIRY, MD 21771

Name and Title: RUBEN MAGANA RODRIGUEZ, P

Address: 7807 W Hill Rd

MOUNT AIRY, MD 21771

Name and Title: JOSE NELSON MAGANA RODRIGUEZ, P

Address: 7807 W Hill Rd

MOUNT AIRY, MD 21771

Name and Title: YOLANDA MAGANA RODRIGUEZ, ST Name and Title: \_\_\_\_\_

Address: 7807 W Hill Rd

MOUNT AIRY, MD 21771

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

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DEPUTY CLERK 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: Registered Agents Inc.  
Address: 7901 4th St N STE 300  
St. Petersburg, FL 33702

**ARTICLE VII INCORPORATOR**

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

Name: Riley Park  
Address: 7901 4th St N STE 300  
St. Petersburg, FL 33702

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**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*

 3/8/22  
Required Signature/Registered Agent 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.*

 3/8/22  
Required Signature/Incorporator Date