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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. M G Z INVESTMENT CO

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

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NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

ARTICLES OF INCORPORATION

STATE OF FLORIDA
DIVISION OF CORPORATIONS
05 OCT 24 PM 3:21

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

M G Z INVESTMENT CO

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

2550 SW 117 CT
MIAMI FL 33175

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

2550 SW 117 CT
MIAMI FL 33175
MICHEL GONZALEZ

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

MICHEL GONZALEZ
255 OSWILL CT
MIAMI-FL 33175

The undersigned incorporator has executed these Articles of Incorporation this 21 day of OCTOBER 2005



Signature

ARTICLE VI DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

President MICHEL GONZALEZ

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.



Registered Agent Signature

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DIVISION OF REVENUE
STATE OF FLORIDA