

P070000032825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

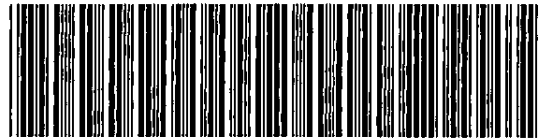
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2007 MAR 14 P 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3-14-07  
2007

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT: MCG TRADING, 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

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM: MARIA CRISTINA GUARIN**

Name (Printed or typed)

**1490 WEST 49TH PLACE SUITE 508**

Address

**HIALEAH, FL 33012**

City, State & Zip

**786-426-6854**

Daytime Telephone number

**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:

MCG TRADING INC

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1490 WEST 49TH PLACE SUITE 508 HIALEAH, FL 33012

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ALL TYPE OF BUSINESS

## **ARTICLE IV SHARES**

The number of shares of stock is:

500

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

List name(s), address(es) and specific title(s):

MARIA CRISTINA

1490 West 49th Place Suite 508

Hialeah, FI 33012

## **ARTICLE VI REGISTERED AGENT**

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

MARIA CRISTINA

1490 West 49th Place Suite 508

Hialeah, FI 33012

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

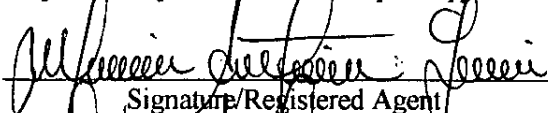
MARIA CRISTINA

1490 West 49th Place Suite 508

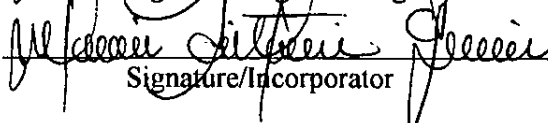
Hialeah, FI 33012

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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

  
\_\_\_\_\_  
Signature/Registered Agent

12/20/06  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

12/20/06  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA