

P/3000019820

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 03/01/13

## COVER LETTER

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

SUBJECT: MGCE, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                            & Certificate of  
                            Status

**ADDITIONAL COPY REQUIRED**

FROM: LISSETTE M. GUON  
Name (Printed or typed)  
624 NW 135th CT  
Address  
MIAMI, FL 33182  
City, State & Zip  
305-225-0475  
Daytime Telephone number  
LMGUON@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

**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: MGCE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

624 NW 135th CT

MIAMI, FL 33182

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

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**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: LISSETTE M. GUON, P

Name and Title: ALEX F. GUON, VP

Address 624 NW 135th CT  
MIAMI, FL 33182

Address: 624 NW 135th CT  
MIAMI, FL 33182

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

(conti.)

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: LISSETTE M. GUON  
Address: 624 NW 135th CT  
MIAMI, FL 33182

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ALEX F. GUON  
Address: 624 NW 135th CT  
MIAMI, FL 33182

*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*

Lisette M. Guon

Required Signature/Registered Agent

2/25/2013

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.*

Alex F. Guon

Required Signature/Incorporator

2/25/2013

Date