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SECRETARY OF STATE  
FALL ARK. SECT 100007

## COVER LETTER

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

**SUBJECT:** MAGNIFY GROUP 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:** ANGEL SANTANA

Name (Printed or typed)

9406 WEST FLORA ST

Address

TAMPA FL 33615

City, State & Zip

813-448-4589

Daytime Telephone number

SANTANAFOAM@YAHOO.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: MAGNIFY GROUP INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9406 W. FLORA ST.

9406 W. FLORA ST

TAMPA, FLORIDA.33615

TAMPA, FLORIDA 33615

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: ANGEL SANTANA "President"

Name and Title: IRISLEYDI SANTANA "V-President"

Address 9406 W.FLORA ST.

Address: 9406 W FLORA ST.

TAMPA, FLORIDA 33615

TAMPA, FL 3615

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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15 MAY 19 PM 4:29  
SECRETARY OF STATE  
TAMPA, 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: ANGEL SANTANA  
Address: 9406 W. FLORA ST.  
TAMPA, FLORIDA 33615

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ANGEL SANTANA  
Address: 9406 W. FLORA ST.  
TAMPA FLORIDA 33615

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TALLAHASSEE FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: MAY / 03 / 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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*

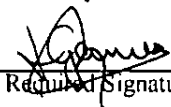


\_\_\_\_\_  
Required Signature/Registered Agent

MAY / 03 / 2015

\_\_\_\_\_  
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.*



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

MAY / 03 / 2015

\_\_\_\_\_  
Date