

P15000044833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

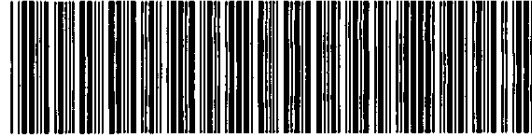
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status ☒

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 MAY 18 9:54  
FILED

MAY 20 2015  
S. GILBERT

**COVER LETTER**

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

SUBJECT: Magiodesign Corporation  
(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: Massimo Giordano  
Name (Printed or typed)

1662 Lincoln Ct Apt 205  
Address

Miami Beach FL 33139  
City, State & Zip

786-306-6447  
Daytime Telephone number

Massimogiordano@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:

Magiodesign Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

662 Lincoln Ct Apt 205  
Miami Beach FL 33139

**ARTICLE III PURPOSE**

6 The purpose for which the corporation is organized is:

Any legal Business Purpose

**ARTICLE IV SHARES**

6 The number of shares of stock is:

100

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

Name and Title:

Massimo Giordano

Name and Title:

President

Address

662 Lincoln Ct

Address:

Apt 205

Miami Beach FL 33139

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED  
15 MAY 18 ... 9:54  
SECRETARY 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:

Massimo Giordano

Address:

1662 Lincoln Ct Apt 205  
Miami Beach FL 33139

**ARTICLE VII INCORPORATOR**

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

Name:

Massimo Giordano

Address:

1662 Lincoln Ct Apt 205  
Miami Beach FL 33139

**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 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*

X Massimo Giordano

Required Signature/Registered Agent

5/10/15

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.*

X Massimo Giordano

Required Signature/Incorporator

5/10/15

Date