

P15000070059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

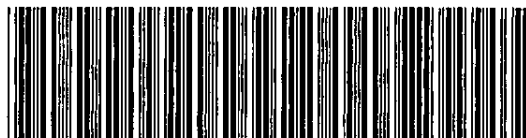
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Certified Copies _____

Certificates of Status ☒

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2015 AUG 18 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 25 2015

COVER LETTER

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

MAGO PRODUCTIONS, INC.

SUBJECT: _____

(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: _____
Name (Printed or typed)
5766 SW 9TH TERRACE

Address
MIAMI, FLORIDA 33144

City, State & Zip
305-262-1096

Daytime Telephone number
MAGO5766@HOTMAIL.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

MAGO PRODUCTIONS, INC.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: _____

5766 SW 9TH TERRACE, MIAMI, FLORIDA 33144

ARTICLE III PURPOSE

TO REPRESENT MUSICAL PERFORMERS/ARTISTS AND

The purpose for which the corporation is organized is: _____

PROMOTE THEIR TALENT THROUGHOUT THE ENTERTAINMENT INDUSTRY AS A PUBLICIST.

ARTICLE IV SHARES

1

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA ELENA GONZALEZ, President

Name and Title: _____

Address 5766 SW 9th TERRACE

Address: _____

MIAMI, FLORIDA 33144

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: MARIA ELENA GONZALEZ
Address: 5766 SW 9TH TERRACE
MIAMI, FLORIDA 33144

ARTICLE VII INCORPORATOR

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

Name: MARIA ELENA GONZALEZ
Address: 5766 SW 9TH TERRACE
MIAMI, FLORIDA 33144

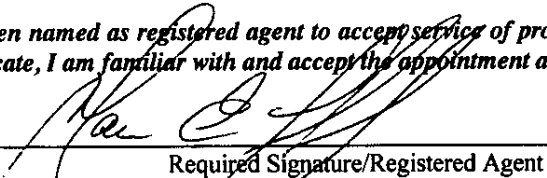
ARTICLE VIII EFFECTIVE DATE:

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.)

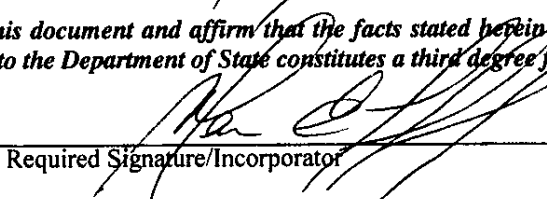
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

8/13/2015
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

8/13/2015
Date