

P/6000068670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

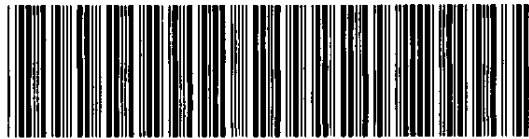
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/22/16--01004--002 **70.00

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16 AUG 22 AM 9:41

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DEPARTMENT OF STATE
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9/22/16

8/22/16

I Magali Andrade the owner of
Magali Andrade's services inc do not
intend to reinstate my corporation.

A handwritten signature in black ink, appearing to read 'Magali Andrade', followed by a long horizontal line.

PI4000060250

COVER LETTER

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

SUBJECT: Magali Andrade's services 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: Magali A Andrade
Name (Printed or typed)

154 Choctaw rd
Address

~~Tallahassee~~ Havana FL 32333
City, State & Zip

850) 251-3899
Daytime Telephone number

Magaliandrade7@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: Magali Andrades inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
154 Choctaw rd
Havana Fl 32333

Mailing address, if different is:

Same as

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Magali A Andrade Name and Title: _____

Address: 154 Choctaw rd Address: _____

Havana Fl 32333

President

Name and Title: Olvin E Ortiz Name and Title: _____

Address: 154 Choctaw rd Address: _____

Havana Fl 32333

Vice President

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Margali Andrade

Address: 154 Choctaw rd

Havana FL 32333

ARTICLE VII INCORPORATOR

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

Name: Margali A Andrade

Address: 154 Choctaw rd

Havana FL 32333

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TALLAHASSEE
FLORIDA
SECRETARY OF STATE

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

Margali Andrade

Required Signature/Registered Agent

8/22/16

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.

Margali Andrade

Required Signature/Incorporator

8/22/16

Date