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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : KIJOENNA SERVICES INC Account Number: 120080000033

Phone

: (305)644-3055

Fax Number

: (305)644-3052

**Enter the email address for this business entity to be used for further annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION MGC REMODELING INC

Certificate of Status	1
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COVER LETTER

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

SUBJECT: MGC R	emodeling inc		
	(PROPOSED CORPOR	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	final and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee		S78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM:	NA DIEPPA Nam	e (Printed or typed)	
214	I SW 1 ST STE 110		
		Address	
MIA	MU, FL 33135		
	City,	State & Zip	
786-	4 99- 7132		
	Daytime T	elephone number	
GFG	IL69@HOTMAIL.COM		
	E-mail address: (to be use	d for future annual report n	otification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.5. (Profit)

ARTICLE I NAME The name of the corporat	ion shall be: MGC REMODELING INC			ALL THE FLORIDA
ARTICLE II PRINC			SAME	Mailing address, if different is:
ARTICLE III PURPO The purpose for which the	OSE he corporation is organized is: ALL PUR	POSES		
ARTICLE V INITIA	stock is:			
Name and Title Address	2141 SW 1st ST STE 110	Name		le:
	MIAMI, FL 33135			
Name and Title:		Name	and Tit	le:
Address		Addr 	e53:	
Name and Title:		Name	and Tit	k:
Address		Addr	c ss:	
		_		

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable	of the registered agent is:
Name:	GUSTAVO FABIAN GIL	and the same of th
Address:	2141 SW 1st ST STE 110	
	MIAMI, FL 33135	<u> </u>
ARTICLE VII	<u>INCORPORATOR</u>	
The <u>name and ac</u>	ddress of the Incorporator is:	
Name:	GUSTAVO FABIAN GIL	<u> </u>
Address:	2141 SW 1st ST STE 110	
	MIAMI, FL 33135	
Effective date, if (If an effective d days after the fi	ling.)	. (OPTIONAL) nnot be more than five business days prior or 90 business ble statutory filing requirements, this date will not be listed as
	effective date on the Department of State's recon	
Having been na this certificate, I	ned as registered agent to accept service of pro- am familiar with and accept the appointment as	cess for the above stated corporation at the place designated is registered agent and agree to act in this capacity
	CVY	10/26/2016
	Required Signature/Registered Agent	Date
I submit this doc document to the	nument and affirm that the facts stated herein to Department of State constitutes a third degree fe	are true. I am aware that the false information submitted in a clony as provided for in s.817.155, F.S.
	CN	10/26/2016
Requ	ired Signature Incorporator	Date