

**PH000019678**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet with the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000068590 3)))



H180000685903ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

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

FLORIDA PROFIT/NON PROFIT CORPORATION  
MAGIS RELATIO CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 MAR -1 AM 10:42

FILED

2018 MAR -1 PM 2:30

MAR 02 2018

K PAGE

H18000068590

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

MAGIS RELATIO CORPORATION

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

123 SE 3RD AV. #133 MIAMI FL  
33131

**ARTICLE III SHARES:** The number of shares of stock is: 1000

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

GIAMPIERO Signorazzi (P)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

GIAMPIERO SIGNORAZZI  
123 SE 3RD AVE #133  
MIAMI FL 33131

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

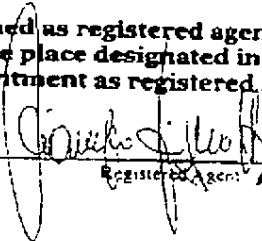
Giampiero Signorazzi  
123 SE 3 AVE #133  
Miami FL 33131

H18000068590

H18000068590

**Required Signatures:**

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  3/1/18  
 Registered Agent / Incorporator DMC

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.

H18000068590