

P1800041582

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
MA SERVICES GROUP CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

RECEIVED

2018 MAY -9 PM 5:00

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL
REGISTRATION SERVICES

N. SAMS

MAY 10 2018

Electronic Filing Menu

Corporate Filing Menu

Help

Florida Department of State
Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of

MA SERVICES GROUP CORP.

of Document # P16000041456

are the same owners of the attached articles. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

MALARENA MERCEDES QUIROGA
(President)

H18000145758

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FLORIDA
DEPARTMENT OF STATE

18 MAY -9 PM 3:15

TAX ID: 32-0496983

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 602, F.S. (Profit)**ARTICLE I NAME:** The name of the corporation is:MA SERVICES Group Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

801 BRICKELL BAY DR
MIAMI, FL 33131**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**MACARENA MERCEDES QUIROGA (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

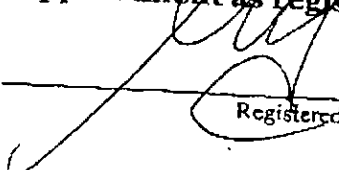
The name and Florida street address (PO Box not acceptable) of the registered agent is:

Macarena Mercedes Quiroga
801 Brickell Bay DR
Miami FL 33131**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Macarena Mercedes Quiroga
801 Brickell Bay DR
Miami FL 33131

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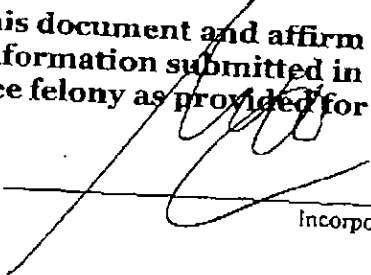
Required Signatures:

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



Registered Agent_____
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.



Incorporator_____
Date

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