

From: Robert Fanjul  
9/27/2019

P1900073697

Division of Corporations  
Electronic Filing Cover Sheet

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

From:  
Account Name : FANJUL ENTERPRISES LLC  
Account Number : I20190000080  
Phone : (305)603-8791  
Fax Number : (877)503-6086

**\*\*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  
MAC MULTISERVICES CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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2019 SEP 27 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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SEP 30 2019

**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: MAC MULTISERVICES CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address  
220 SW 56TH TER APT 110  
MARGATE, FL 33068Mailing address, if different is:  
220 SW 56TH TER APT 110  
MARGATE, FL 33068**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND ALL LAWFUL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JIMMY J BUITRAGO-PAddress: 220 SW 56TH TER APT 110  
MARGATE, FL 33068Name and Title: MILEIVY C MACHEA-VPAddress: 220 SW 56TH TER APT 110  
MARGATE, FL 33068

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
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: JIMMY J BUITRAGO  
 Address: 220 SW 56TH TER APT 110  
 MARGATE, FL 33068

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JIMMY J BUITRAGO  
 Address: 220 SW 56TH TER APT 110  
 MARGATE, FL 33068

**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 days prior or 90 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*

*[Signature]*  
 Required Signature/Registered Agent

SEP/24/2019  
 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.*

*[Signature]*  
 Required Signature/Incorporator

SEP/24/2019  
 Date

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