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**FLORIDA PROFIT/NON PROFIT CORPORATION
MAGIC STYLES MOBILE DOG GROOMERS CORP**

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

ARTICLES OF INCORPORATION

The undersigned incorporate (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

MAGIC STYLES MOBILE DOG GROOMERS CORP

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7225 W 11 CT APT 203
HIALEAH, FL 33014

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE HUNDRED SHARES AT \$1.00 PER VALUE

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LISSANNE MARTIN RODRIGUEZ
7225 W 11 CT APT 203
HIALEAH, FL 33014

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19 DEC -4 PM 2:39
CLERK OF DISTRICT COURT
DADE COUNTY, FLORIDA



ARTICLE V - INCORPORATOR

The name and street address of the incorporate to these Articles of Incorporation is:

LISSANNE MARTIN RODRIGUEZ
7225 W 11 CT APT 203
HIALEAH, FL 33014

The undersigned incorporator has executed these Articles of incorporation this 2 day of December, 2019.



Signature

LISSANNE MARTIN RODRIGUEZ

ARTICLE VI - DIRECTOR (S)

The name(s) and street address (s) of the director(s) to these Articles of Incorporation is (are):

PRESIDENT

LISSANNE MARTIN RODRIGUEZ
7225 W 11 CT APT 203
HIALEAH, FL 33014

100%

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED
OFFICE**

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.



Signature

LISSANNE MARTIN RODRIGUEZ

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STATE OF NEW YORK
COUNTY OF ALBANY