

P20000003478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

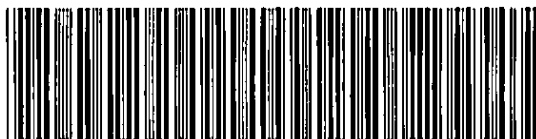
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



300339568453

2020 JAN 21 11:11

2020 JAN 21 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 146048 8117487

AUTHORIZATION :



COST LIMIT : \$70.00

-----  
ORDER DATE : January 20, 2020

ORDER TIME : 11:41 AM

ORDER NO. : 146048-005

CUSTOMER NO: 8117487  
-----

DOMESTIC FILING

NAME: MAGNASAFE INTERNATIONAL CORP

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

**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: MAGNASAFB INTERNATIONAL CORP

**ARTICLE II PRINCIPAL OFFICE**  
Principal ~~street~~ address  
12408 CASCADE VALLEY LANE  
BOYNTON BEACH, FL 33473

Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: GENERAL

**ARTICLE IV SHARES** 1000  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: LAWRENCE KAPUSTA, PRESIDENT  
Address: 12408 CASCADE VALLEY LANE  
BOYNTON BEACH, FL 33473

Name and Title: RICHARD BIXBY, VP  
Address: 12408 CASCADE VALLEY LANE  
BOYNTON BEACH, FL 33473

Name and Title: ELAINE KAPUSTA, SECRETARY/TREA  
Address: 12408 CASCADE VALLEY LANE  
BOYNTON BEACH, FL 33473

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

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

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

FILED  
2020 JAN 21 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, 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: LAWRENCE KAPUSTA  
Address: 12408 CASCADE VALLEY LANE  
BOYNTON BEACH, FL 33473

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee, FL 32301

**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  
Corporation Service Company

By: [Signature]  
Required Signature/Registered Agent

1/18/20  
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.

By: [Signature]  
Required Signature/Incorporator  
Title: Assistant Secretary

01-17-2020  
Date