## P20000011330

	(Requestor's Name)			
<del></del>	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	_			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions	to Filing Officer.			

Office Use Only



500341170075

02/26/20--01006--009 \*\*70.00

2020 FEB 26 NV 1: 26

2020 FEB 26 AM 9: 31

N CI" 1 = FED 2.7 CL.

## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

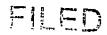
SUBJECT: MA	C 2014 CORP		
	(PROPOSED CORPOR	ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an original	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: OL	.GA HERNANDEZ		
	Name	(Printed or typed)	
901	10 SW 137 AVE SUITE 205		
<del></del>	-	Address	
MIA	MI, FL 33186		
<del></del>	City,	State & Zip	
786	<b>-422-4209</b>		
<del></del> -	Daytime Te	elephone number	

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

OLGA@ITAXPROFESSIONAL.COM

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)



name of the cor	ME poration shall be: MAC 2014 COF	₹P	2020 FEB 26 AM 9: 3	
TICLE II PR	PINCIPAL OFFICE			
	Principal street address	Maili	SECRETARY OF STA ng address; if different is:SEE, FL	
903 SW 177	STREET			
AMI, FL 331	77	13903 SW 177 STREET MIAMI, FL 33177		
FICLE III PU purpose for whi	RPOSE ch the corporation is organized is:			
CLE V INIT	IRES of stock is: 1000  TAL OFFICERS ANDWOR DIRECTORS itle: CALLE ALZATE, DIDIER O, PRESIDE	NT Name and Title		
umber of shares	of stock is: 1000  TAL OFFICERS AND/OR DIRECTORS  itle: CALLE ALZATE, DIDIER O, PRESIDE  13903 SW 177 STREET	Name and Title:		
umber of shares  CLE V INIT  Name and T	of stock is: 1000  TAL OFFICERS AND/OR DIRECTORS  itle: CALLE ALZATE, DIDIER O, PRESIDE  13903 SW 177 STREET	NT Name and Title: Address:		
umber of shares  CLE V INIT  Name and T	of stock is: 1000  TAL OFFICERS ANDWOR DIRECTORS  itle: CALLE ALZATE, DIDIER O, PRESIDE  13903 SW 177 STREET  MIAMI, FL 33177	Name and Title:		
umber of shares  CLE V INIT  Name and T  Address	of stock is: 1000  TAL OFFICERS ANDWOR DIRECTORS  itle: CALLE ALZATE, DIDIER O, PRESIDE  13903 SW 177 STREET  MIAMI, FL 33177	Address:  Name and Title:  Name and Title:		
CLE V INIT  Name and T  Address  Name and Trii  Address	TAL OFFICERS ANDWOR DIRECTORS  CALLE ALZATE, DIDIER O, PRESIDE  13903 SW 177 STREET  MIAMI, FL 33177	Name and Title:  Address:  Name and Title:  Address:		
CLE V INIT  Name and T  Address  Name and Trii  Address	TAL OFFICERS ANDWOR DIRECTORS  CALLE ALZATE, DIDIER O, PRESIDE  13903 SW 177 STREET  MIAMI, FL 33177	Name and Title:  Address:  Name and Title:  Address:		
CLE V INIT  Name and T  Address  Name and Trii  Address	of stock is: 1000  TAL OFFICERS ANDWOR DIRECTORS  CALLE ALZATE, DIDIER O, PRESIDE  13903 SW 177 STREET  MIAMI, FL 33177	Name and Title:  Address:  Name and Title:  Address:  Name and Title:		

Name :	and Title:	Name and Title:	
Addre	ess	Address:	
ARTICLE VI	REGISTERED AGENT	÷	
Name:	Florida street address (P.O. Box NOT acceptable) of CALLE ALZATE, DIDIER O,	the registered agent is:	
Address:	13903 SW 177 STREET	•	
	MIAMI, FL 33177	-	
ARTICLE VII	INCORPORATOR	SECRETARY OF ST	9090 F <b>=</b> □
The <u>name and a</u>	address of the Incorporator is:		
Name:	CALLE ALZATE, DIDIER O,		المراهدا 1 برح
Address:	13903 SW 177 STREET		
	MIAMI, FL 33177	TATI FL	– မ
Effective date, i If an effective iling.)		. (OPTIONAL)  t be more than five days prior or 90 days after the  statutory filing requirements, this date will not be listed	
laving been nar ertificate, I am j	med as registered agent to accept service of process for familiar with and accept the appointment as registered.	The above stated compaction at the standard state.	
Required Signature/Registered Agent		Date	—
submit this document to the	cument and affirm that the facts stated herein are t Department of State constitutes a third degree felony	rue. I am aware that the false information submitted as provided for in \$ \$17.155 F.S.	in a
Didie	a Oalle	02/25/2020	
equired Signatu	ire/Incorporator	Date	