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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : KIJOENNA SERVICES INC

Account Number : I20080000033 : (305)644-3055 Fax Number : (305)644-3052

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SUBJECT: MGC REMODELING ING

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

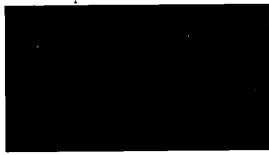
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FROM:	KIJOENNA SERVICES, INC		
110.41.	Name (Printed or typed)		
	2141 SW 1 ST SUITE 110		
	Address		
MIAMI. FL 33135			
	City, State & Zip		
	7864997132		
	Daytime Telephone number		
	KRISJOENNA@YAHOO.COM		
•	E-mail address: (to be used for future annual report notification)		

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

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

ARTICLE I NAME The name of the corporation	n shall be:	MGC REMODELING IN	IC		_
ARTICLE II PRINCIPAL OFFICE Principal street address			Mailing addre	ss, if different is:	
6944 SW 110 AVE					
MIAMI, FL 33173					
ARTICLE III PURPOS The purpose for which the			<u> </u>		
		<u> </u>			
	·			<u> </u>	
	, <i>OFFICERS <u>AND/OR DIRE</u></i> GUSTAVO F GIL		d Title:		
Address		Address:			
	MIAMI, FL 33173		 .	<u> </u>	20 <u>D</u> E
		<u>-</u>	<u>-1111</u>		<u> </u>
Name and Title:		Name an	nd Title:		P
Address					<u>क्</u>
			<u></u>		
		Name or			
Address		Address	::		

	10:45AM d dide:	Name and Title:	<u> </u>
Address		Address:	·
			
			·
TICI E VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
ne:	GIL GUSTAVO F		
dress:	6944 SW 110 AVE		·
	MIAMI, FL 33173		
			20 DE
TICLE VII	<u>INCORPORATOR</u>		- 35 <u>2</u> 1
name and ac	ddress of the Incorporator is:		Fig 177
Name:	GIL GUSTAVO F		型 2 .
Address:	6944 SW 110 AVE		Yares 19. 14. 15. 14. 1
	MIAMI FL 33173		<i>>-</i> *
•			
TICLE VIII	EFFECTIVE DATE: 12/16/2020	OPTION!	11)
an effective o	late is listed, the date must be specific and canno	t be more than five days	
	inserted in this block does not meet the applicable	statutory filing requireme	ents, this date will not be listed as
document's a	effective date on the Department of State's records.		
accament 5			
aving been nan	ned as registered agent to accept service of process fo	or the above stated corpor	ation at the place designated in thi
aving been nan	ned as registered agent to accept service of process fo familiar with and accept the appointment as register	or the above stated corpor ed agent and agree to act	ation at the place designated in thi in this capacity
wing been nan	familiar with and accept the appointment as register.	or the above stated corpored agent and agree to act	12/16/2020
iving been nan tificate, I am J	Familiar with and accept the appointment as register SUSTAUCF Required Signature/Registered Agent	ed agent and agree to act	in this capacity 12/16/2020 Date
wing been nam tificate, I am j	Tamiliar with and accept the appointment as register STATOF Required Signature/Registered Agent cument and affirm that the facts stated herein are	ed agent and agree to act true. I am aware that th	in this capacity 12/16/2020 Date e false information submitted in
wing been nan tificats, I am j I L ubmit this document to the	familiar with and accept the appointment as register STANCE Required Signature/Registered Agent cument and affirm that the facts stated herein are Department of State constitutes a third degree felony	ed agent and agree to act true. I am aware that th	in this capacity 12/16/2020 Date e false information submitted in
wing been nan rtificats, I am j I L submit this doc cument to the	Tamiliar with and accept the appointment as register STATOF Required Signature/Registered Agent cument and affirm that the facts stated herein are	ed agent and agree to act true. I am aware that th	in this capacity 12/16/2020 Date e false information submitted in 155, F.S.