

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P200004295893

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

From:
Account Name : KIJONNA SERVICES INC
Account Number : I20080000033
Phone : (305)644-3055
Fax Number : (305)644-3052

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
MGC REMODELING INC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

RECEIVED

2020 DEC 16 PM 12:38

20 DEC 16 PM 5:41

Electronic Filing Menu

Corporate Filing Menu

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DEC 17 2020

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

SUBJECT: MGC REMODELING INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
& Certificate of Status

FROM: KIJOENNA SERVICES, INC
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.

ARTICLE I NAMEThe name of the corporation shall be: MGC REMODELING INCARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

6944 SW 110 AVEMIAMI, FL 33173ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ALL PROPOSEARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: GUSTAVO F GIL

P

Name and Title: _____

Address

6944 SW 110 AVE

Address: _____

MIAMI, FL 33173

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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20 DEC 16 PM 5:41
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

Dec. 16. 2020 10:45AM

No. 0226 P. 7

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: GIL GUSTAVO F

Address: 6944 SW 110 AVE

MIAMI, FL 33173

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GIL GUSTAVO F

Address: 6944 SW 110 AVE

MIAMI FL 33173

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/16/2020 (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

GIL GUSTAVO F
Required Signature/Registered Agent

12/16/2020

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.

Gustavo F. Gil
Required Signature/Incorporator

12/16/2020

Date

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TALLAHASSEE, FLORIDA