

P21000022540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

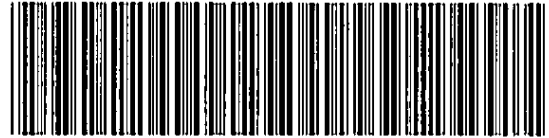
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W/21000032574

Office Use Only



700359483587

03/08/21--01012--016 **70.00

21 MAR -8 2:15

2021 MAR 11 PM 12:00

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

IGMA INTERNATIONAL CORP

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

Signature _____

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

COVER LETTER

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

SUBJECT: IGMA INTERNATIONAL CORP
(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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
--	---

ADDITIONAL COPY REQUIRED

FROM: JONATHAN HAGHDOUST

Name (Printed or typed)

1395 BRICKELL AV, SUITE 800

Address

MIAMI, FL 33131

City, State & Zip

786 608 4192

Daytime Telephone number

JONATHANCHOGHI@HOTMAIL.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 shall be: IGMA INTERNATIONAL CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address: 1395 BRICKELL AV, SUITE 800
MIAMI, FL 33131

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>JONATHAN HAGHOUST - D.</u>	Name and Title:	_____
Address:	<u>1395 BRICKELL AV. SUITE 800</u> <u>MIAMI, FL 33131</u>	Address:	_____ _____ _____
Name and Title:	_____	Name and Title:	_____
Address:	_____ _____ _____	Address:	_____ _____ _____
Name and Title:	_____	Name and Title:	_____
Address:	_____ _____ _____	Address:	_____ _____ _____

FILED
JUL 11 11 PM 12:03

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: JONATHAN HAGHDOUST _____

Address: 1395 BRICKELL AV. SUITE 800 _____

MIAMI, FL 33131 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JONATHAN HAGHDOUST _____

Address: 1395 BRICKELL AV. SUITE 800 _____

MIAMI, FL 33131 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03-03-2021 (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

Required Signature/Registered Agent

03-05-2021
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.

Required Signature/Incorporator

03-05-2021
Date