

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
MAGIC MOMENTS PONY RENTAL CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

MAGIC MOMENTS PONY RENTAL CORP.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

7175 SW 8TH ST # 210

MIAMI FL. 33144

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

ANTONIO HERNANDEZ CRIBEIRO (P)

7175 SW 8TH ST # 210

MIAMI FL. 33144

2021 JUN -2 AM 10:12

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

ANTONIO HERNANDEZ CRIBEIRO

7175 SW 8TH ST # 210

MIAMI FL. 33144

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

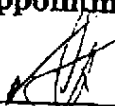
ANTONIO HERNANDEZ CRIBEIRO

7175 SW 8TH ST # 210

MIAMI FL. 33144

Required Signatures:

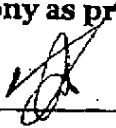
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent

05/26/21
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.



Incorporator

05/26/21
Date

2021 JUN -2 AM 10:12