

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: _____

FILED
2022 MAR -8 AM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
Services & Industries Magana Corporation

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

HL

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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: Services & Industries Magana Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

7901 4th St N STE 300

St. Petersburg, FL 33702

Mailing address, if different is:

7901 4th St N STE 300

St. Petersburg, FL 33702

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DIEGO FERNANDO MAGANA SOSA, D

Address: 7807 W Hill Rd

MOUNT AIRY, MD 21771

Name and Title: RUBEN ALEXANDER MAGANA SOSA, D

Address: 7807 W Hill Rd

MOUNT AIRY, MD 21771

Name and Title: RUBEN MAGANA RODRIGUEZ, P

Address: 7807 W Hill Rd

MOUNT AIRY, MD 21771

Name and Title: JOSE NELSON MAGANA RODRIGUEZ, P

Address: 7807 W Hill Rd

MOUNT AIRY, MD 21771

Name and Title: YOLANDA MAGANA RODRIGUEZ, ST Name and Title: _____

Address: 7807 W Hill Rd

MOUNT AIRY, MD 21771

Address: _____

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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: Registered Agents Inc.
Address: 7901 4th St N STE 300
St. Petersburg, FL 33702

ARTICLE VII INCORPORATOR

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

Name: Riley Park
Address: 7901 4th St N STE 300
St. Petersburg, FL 33702

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TALLAHASSEE, FLORIDA

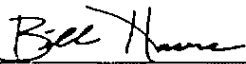
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

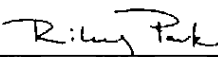
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 3/8/22
Required Signature/Registered Agent 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.

 3/8/22
Required Signature/Incorporator Date