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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

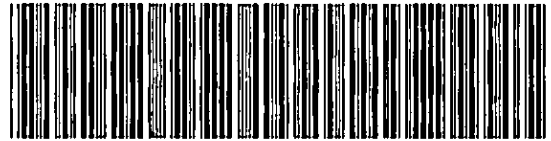
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: MAGNOSI ENTERPRISES, INC.

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: CORP 911, INC. - Rebecca Miller

Name (printed or typed)

3501 West Burbank Blvd.

Address

Burbank, CA 91505

City, State & Zip

818 478 1681

Daytime Telephone Number

rebecca@corp911.com

E-mail address: (to be used for future annual report notification)

December 26, 2021

Corp 911, Inc.,
Rebecca J. Miller
3501 West Burbank Blvd.
Burbank, CA 91505

Florida Department of State
Division of Corporations
Attn: Jessica A. Fason
P.O. Box 6327
Tallahassee, FL 32314

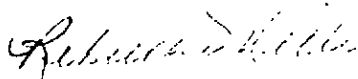
Dear Ms. Fason,

Please find enclosed a copy of your letter dated December 8, 2021, requesting correction for "Magnosi Enterprises, Inc." Reference Number: W21000156081.

Please find enclosed corrected articles, please file and return certified copy to the above address.

Thank you for your assistance in this matter.

Respectfully,

A handwritten signature in cursive script, appearing to read "Rebecca J. Miller".

Rebecca J. Miller,

Articles of Domestication
Foreign Corporation Domesticating to Florida

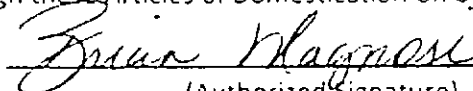
The undersigned, BRIAN MAGNOSI, CEO
(Name) (Title)

of MAGNOSI ENTERPRISES, INC., a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is _____
MAGNOSI ENTERPRISES, INC. (Foreign Corporation)
2. The jurisdiction and date of its formation is NEW YORK - 5/22/2009
3. The name of the domesticated corporation is MAGNOSI ENTERPRISES, INC.

4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.


(Authorized Signature)

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ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

MAGNOSI ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

Mailing Address

2853 MIDNIGHT PEARL DRIVE

2853 MIDNIGHT PEARL DRIVE

SARASOTA, FL 34240

SARASOTA, FL 34240

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

To engage in any lawful act or activity for which a corporation may be organized.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 2,500

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

BRIAN MAGNOSI

2853 MIDNIGHT PEARL DRIVE

SARASOTA, FL 34240

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Brian Magnosi
Signature/Registered Agent

11-15-2021
Date

ARTICLE V DIRECTORS AND/OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: BRIAN MAGNOSI, CEO
Address: 2853 MIDNIGHT PEARL DR.
SARASOTA, FL 34240

Name & Title: INES MAGNOSI, SECRETARY
Address: 2853 MIDNIGHT PEARL DR.
SARASOTA, FL 34240

Name & Title: BRIAN MAGNOSI, CFO
Address: 2853 MIDNIGHT PEARL DR.
SARASOTA, FL 34240

Name & Title: INES MAGNOSI, DIRECTOR
Address: 2853 MIDNIGHT PEARL DR.
SARASOTA, FL 34240

Name & Title: BRIAN MAGNOSI, DIRECTOR
Address: 2853 MIDNIGHT PEARL DR.
SARASOTA, FL 34240

Name & Title: _____
Address: _____

Name & Title: _____
Address: _____

Name & Title: _____
Address: _____

I submit this document and affirm that the facts stated herein are true. I am aware that 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.

Brian Magnosi
Signature/Authorized Person

11-15-21
Date