P22000029203

(Re	equestor's Name)				
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer					
	_				

Office Use Only



900385741839

04/13/22--01016--014 **70.00

2022 APR 15 AM 9: 39

2022 APR 13 Pi 3: 00

CAPITAL CONNECTION, INC.

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

			ĺ	
MAC AJI INC.				
		 	1	
·			<u> </u>	
				Art of Inc. File
			<u> </u>	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
				Рьюю Сору
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
orginature .				Vehicle Search
				Driving Record
Requested by: SETH	04/11/22			UCC or 3 File
Name	$-\frac{04/11/22}{Date}$	Time		UCC 11 Search
Mattic	Date	THIC		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier





April 14, 2022

CAPITAL CONNECTION

SUBJECT: MAC AJI INC. Ref. Number: W22000049998

We have received your document for MAC AJI INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filling will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III.

Letter Number: 822A00008715

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2022 APR 15 AM 9: 39

The of the corporation shall be: MAC AJI INC. MAC AJI INC.	SEURLIANT OF TALLAHASSEE Mailing address, If different is:
LEIV SHARES pose for which the corporation is organized is: _Consultation	
LE III PURPOSE pose for which the corporation is organized is: _Consultation. LE IV SHARES aber of shares of stock is:500 LE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: _Melissa Alvelay Cue (President)	
DEIV SHARES There of shares of stock is:500 LE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title:Melissa Alvelay Cue (President)Name and Title: Address	
DEIV SHARES There of shares of stock is:500 LE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title:Melissa Alvelay Cue (President)Name and Title: Address	
DEIV SHARES Aber of shares of stock is: 500 LE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Melissa Alvelay Cue (President) Name and Title: Address: Loxahatchee, FL 33470. Name and Title: Aymara Gonzalez (Secretary) Address LOXAHATCHEE, FL 33470 Name and Title: Name and T	
Name and Title: Aymara Gonzalez (Secretary) Address 17996 36 CT N Name and Title: Aymara Gonzalez (Secretary) Address LOXAHATCHEE, FL 33470 Name and Title: Plantage of Secretary Address Name and Title: Aymara Gonzalez (Secretary) Address: LOXAHATCHEE, FL 33470 Name and Title:	
Name and Title: Aymara Gonzalez (Secretary) Address 17996 36 CT N Name and Title: Aymara Gonzalez (Secretary) Address LOXAHATCHEE, FL 33470 Name and Title: Plantage of Secretary Address Name and Title: Aymara Gonzalez (Secretary) Address: LOXAHATCHEE, FL 33470 Name and Title:	
Name and Title: Aymara Gonzalez (Secretary) Address 17996 36 CT N Name and Title: Aymara Gonzalez (Secretary) Address LOXAHATCHEE, FL 33470 Name and Title: Plantage of Secretary Address Name and Title: Aymara Gonzalez (Secretary) Address: LOXAHATCHEE, FL 33470 Name and Title:	
Name and Title: Aymara Gonzalez (Secretary) Address 17996 36 CT N Name and Title: Aymara Gonzalez (Secretary) Address LOXAHATCHEE, FL 33470 Name and Title: Plantage of Secretary Address Name and Title: Aymara Gonzalez (Secretary) Address: LOXAHATCHEE, FL 33470 Name and Title:	·
Name and Title: Aymara Gonzalez (Secretary) Address 17996 36 CT N Name and Title: Aymara Gonzalez (Secretary) Address LOXAHATCHEE, FL 33470 Name and Title: Plantage of Secretary Address Name and Title: Aymara Gonzalez (Secretary) Address: LOXAHATCHEE, FL 33470 Name and Title:	
Name and Title: Aymara Gonzalez (Secretary) Address 17996 36 CT N Name and Title: Aymara Gonzalez (Secretary) Address LOXAHATCHEE, FL 33470 Name and Title: Plantage of Secretary Address Name and Title: Aymara Gonzalez (Secretary) Address: LOXAHATCHEE, FL 33470 Name and Title:	
Name and Title: Aymara Gonzalez (Secretary) Address 17996 36 CT N Name and Title: Aymara Gonzalez (Secretary) Address LOXAHATCHEE, FL 33470 Name and Title: Plantage of Secretary Address Name and Title: Aymara Gonzalez (Secretary) Address: LOXAHATCHEE, FL 33470 Name and Title:	
Name and Title: Aymara Gonzalez (Secretary) Address 17996 36 CT N Name and Title: Aymara Gonzalez (Secretary) Address LOXAHATCHEE, FL 33470 Name and Title: Plantage of Secretary Address Name and Title: Aymara Gonzalez (Secretary) Address: LOXAHATCHEE, FL 33470 Name and Title:	
Name and Title: Aymara Gonzalez (Secretary) Address 17996 36 CT N Name and Title: Aymara Gonzalez (Secretary) Address LOXAHATCHEE, FL 33470 Name and Title: Plantage of Secretary Address Name and Title: Aymara Gonzalez (Secretary) Address: LOXAHATCHEE, FL 33470 Name and Title:	•
Name and Title: Melissa Alvelay Cue (President) Address Loxahatchee, FL 33470. Name and Title: Aymara Gonzalez (Secretary) Address: LOXAHATCHEE, FL 33470 Name and Title: Name and Title: Name and Title: Name and Title:	
Loxahatchee, FL 33470. Name and Title: Aymara Gonzalez (Secretary) Address LOXAHATCHEE, FL 33470 Name and Title: Name and Title:	
Name and Title: Aymara Gonzalez (Secretary) Address LOXAHATCHEE, FL 33470 Name and Title: Name and Title:	
Address LOXAHATCHEE, FL 33470 Name and Title: Name and Title:	
Address LOXAHATCHEE, FL 33470 Name and Title: Name and Title:	
Address: LOXAHATCHEE, FL 33470 Name and Title: Name and Title:	
LOXAHATCHEE, FL 33470 Name and Title:Name and Title:	
,	
,	
,	
Address Address	
	 ,

Name an	d little	Name and Title:	
Address		Address,	
			
			
	REGISTERED AGENT		
The <u>name and 11</u>	orida street address (P.O. Box NOT accepta	ble) of the registered agent is	
Name.	Melissa Alvelay Che		s 2
Address:	17996 36 07 %		122 120
	Lovabatones, Fl 33470		1022 APR 15 SECINE WAY TALL AHY
			A 7 7
ARTICLE L'II	INCORPOR (IOR		100 mg
The name and ad	deress of the Incorporator is.		3 338.6
Name:	Melissa Myelay Cue		~ £ 39
Address	17996-36 CT N	<u>-</u>	
	Loxaliatchee, Et 33470		
(RTICLE) III	EFFECTIVE DATE:		
	other than the date of filingate is listed, the date must be specific and		HONALI
filing.)	are is asted, the date must be specific and	cannot be more than sive day	es prior or 30 days after the
	inserted in this block does not meet the appl Rective date on the Department of Sinte's re-		pents, this date will not be listed as
	sed as registered agent to accept service of pro- amiliar with and accept the appointment as re-	gistered agent and agree to ac	
Malisa	Stoke (MP		4 8 2001
11 100 1-1	Alie Kul (U). Required Signature Registered Ager	11	Date
	ument and affirm that the facts stated herei Department of State constitutes a third degree	n are true. I am aware that if	
Melisas	a Almelau Cul	reming as parietical par in Colo	4/8/22
Received Signatu	luzdrporator		Date