

5/18/22 PM

Division of Corporation

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P220000038310

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

From: Account Name : WHOLE TAX PROFESSIONAL SERVICES, INC.
Account Number : I20200000179
Phone : (786)253-9951
Fax Number : (305)397-1052

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

Email Address: wholetax@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
MAGALIS SIMPLY SPOTLESS, INC

Certificate of Status	0
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STATE OF FLORIDA

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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: MAGALIS SIMPLY SPOTLESS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
1550 SW 104TH PATH APT 308
MIAMI, FL 33174

Mailing address, if different is:
1550 SW 104TH PATH APT 308
MIAMI, FL 33174

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: MAGALIS L RIVAS MARTINEZ- P Name and Title:

Address: 1550 SW 104TH PATH APT 308 Address:
MIAMI, FL 33174

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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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: MAGALIS L RIVAS MARTINEZ
 Address: 1550 SW 104TH PATH APT 308
MIAMI, FL 33174

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MAGALIS L RIVAS MARTINEZ
 Address: 1550 SW 104TH PATH APT 308
MIAMI, FL 33174

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

 Magalis L Rivas
 Required Signature/Registered Agent
 May 18, 2022
 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.817.153, F.S.

 Magalis L Rivas
 Required Signature/Incorporator
 May 18, 2022
 Date

Signature: *Magalis L Rivas*
 Email: magalirivas440@gmail.com