P23000020419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FLORIDA CAPITAL COURIER SERVICES. INC
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TALLAHASSEE. FL 32309
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Authorization Signature: _____

MGATI Corp.
Business Name

Document #

__**Certified Copy of Articles**

__ **Certificate of Status**

NEW FILINGS

__ Profit Corp
____Not for Profit
_ _Limited Liability

____Domestication
____Other
__X_ CORP
___ LLLP

AMMENDMENTS

___Amendment
___ Resignation of R.A. Officer/Director

__ Change of Registered Agent or office
____Dissolution
__ __Merger
___Conversion
___ Amended and restated Articles
_____Revocaton of Dissolution

OTHER FILINGS

____Annual Report

____Fictitious Name

____APOSTILLE __
Country

REGISTERATION/QUALIFICATIONS

___ Foreign filing
____Limited Partnership
___ Reinstatement

____Other

EXAMINER'S INITIALS:_____

COVER LETTER

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

SUBJECT: MGATI CORP
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ $70.00 Filing Fee	☐ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: BLUEMAX PARTNERS CORP
Name (Printed or typed)

848 BRICKELL AVE STE 1130
Address

MIAMI, FL 33131
City, State & Zip

305 - 607-3493
Daytime Telephone number

mdelloca@mdellconsulting.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: MGATI CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
848 Brickell Ave. Ste 1130
Miami, Fl 33131

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any and all lawfull business

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ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marcos Gassiebayle, President
Address: 848 Brickell Ave. Ste 1130
Miami, Fl 33131

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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: Bluemax Partners Corp

Address: 848 Brickell Ave. Ste 1130

Miami, Fl 33131

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ARTICLE VII INCORPORATOR

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

Name: Bluemax Partners Corp

Address: 848 Brickell Ave. Ste 1130

Miami, Fl 33131

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

_____ 03/17/2023

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.

_____ 03/17/2023

Required Signature/Incorporator Date