

P23000020419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

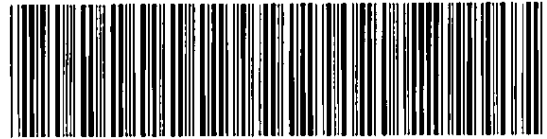
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
MAR 18 2023

FILED
2023 MAR 17 AM 7:03
SECRETARY OF STATE
TALLAHASSEE, FL

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2023 MAR 17 PM 3:28
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

__ Please use funds from this account: I20210000160: Amount: \$70.00

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**

OTHER FILINGS

__ Annual Report
__ Fictitious Name
__ APOSTILLE __ **Country**

AMMENDMENTS

__ Amendment
__ Resignation of R.A. Officer/Director

__ Change of Registered Agent or office
__ Dissolution
__ Merger
__ **Conversion**
__ **Amended and restated Articles**
__ Revocation of Dissolution

REGISTRATION/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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy 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

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: _____

Address: _____

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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: Bluemax Partners Corp
Address: 848 Brickell Ave. Ste 1130
Miami, FL 33131

ARTICLE VII INCORPORATOR

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

Name: Bluemax Partners Corp
Address: 848 Brickell Ave. Ste 1130
Miami, FL 33131

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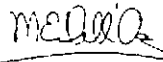
ARTICLE VIII EFFECTIVE DATE:

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

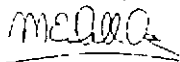


Required Signature/Registered Agent

03/17/2023

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.



Required Signature/Incorporator

03/17/2023

Date