

P2400006988

Florida Department of State

Division of Corporations

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2024 JAN 26 PM 12:50

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAP SOLUTIONS INC

Account Number : I20210000103

Phone : (786)615-3057

Fax Number : (786)615-3058

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

Email Address: info@tapsolution.net

FLORIDA PROFIT/NON PROFIT CORPORATION
MAGEY CORP

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

2024 JAN 26 AM 9:05
STATE
CORPORATION
FILING

FILED

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:

MAGEY CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1775 SW 16TH TERMIAMI, FL 33145**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS ACTIVITY**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES @ \$10.00 EACH**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: TOMAS PASCUAL SEBASTIAN- P Name and Title: _____Address 1775 SW 16TH TER Address: _____MIAMI, FL 33145

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
2024 JAN 26 PM 9:05
HALL COUNTY, FL

Name and Title: _____ Name and Title: _____

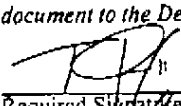
Address _____ Address: _____

_____**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: TAP SOLUTIONS INCAddress: 2341 NW 7TH STMIAMI, FL 33125**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: TOMAS PASCUAL SEBASTIANAddress: 1775 SW 16TH TERMIAMI, FL 33145**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 Agent01/26/2024
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/Incorporator01-26-2024
DateFILED
2024 JAN 26 AM 9:06
Tallahassee, FL