

P240000032461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

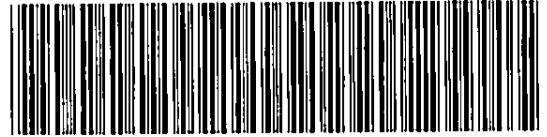
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 MAY 10 AM 9:47

CLERK OF STATE
TALLAHASSEE, FL

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2024 MAY 10 PM 3:02

TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 05/10/2024

PRIORITY Routine

OUR REF # (Order ID#) Melissa

ORDER ENTITY

MAGNUM GROUP SA INC

PLEASE PERFORM THE FOLLOWING SERVICES:

MAGNUM GROUP SA INC

Please file the attached articles of incorporation.

NOTES:

\$70.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



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CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: MAGNUM GROUP SA INC
(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: REINA SHINAULT
Name (Printed or typed)

7801 FOLSOM BLVD. #202
Address

SACRAMENTO, CA 95826
City, State & Zip

916-388-9800
Daytime Telephone number

RSHINAULT@SUNDOCFILINGS.COM
E-mail address: (to be used for future annual report notification)

CLERK OF STATE
TALLAHASSEE, FL

2024 MAY 10 AM 9:47

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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: MAGNUM GROUP SA INC

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>3101 SW 34TH AVE</u>	<u></u>
<u>SUITE 905</u>	<u></u>
<u>OCALA, FL 34474</u>	<u></u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL ACTIVITY

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>SHAY BITON, DIRECTOR</u>	Name and Title: <u></u>
Address <u>3101 SW 34TH AVE SUITE 905</u>	Address: <u></u>
<u>OCALA, FL 34474</u>	<u></u>
<u></u>	<u></u>
Name and Title: <u></u>	Name and Title: <u></u>
Address <u></u>	Address: <u></u>
<u></u>	<u></u>
<u></u>	<u></u>
Name and Title: <u></u>	Name and Title: <u></u>
Address <u></u>	Address: <u></u>
<u></u>	<u></u>
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TALLAHASSEE, 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: SHAY BITON
Address: 3101 SW 34TH AVE., SUITE 905
OCALA, FL 34474

ARTICLE VII INCORPORATOR

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

Name: REINA SHINAULT
Address: 7801 FOLSOM BLVD., SUITE 202
SACRAMENTO, CA 95816

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.

/S/ SHAY BITON

Required Signature/Registered Agent

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.

/S/REINA SHINAULT

Required Signature/Incorporator

Date 05/10/2024

FILED
2024 MAY 10 AM 8:57
CLERK OF STATE
TALLAHASSEE, FL
05/10/2024