

6/24/24 2:11 PM

Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : GAEL SERVICES CORP
Account Number : 120230000060
Phone : (305)903-7797
Fax Number : (786)615-3110

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MG INSURANCE 0312 INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

FLORIDA
DIVISION OF
CORPORATIONS
COMMERCIAL
SERVICES

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2024 JUN 24 PM 2:49

2024 JUN 24 PM 1:34

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mg

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: MG Insurance 0312 Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

3550 Washington St

Apt # 516 B

Hollywood FL 33021

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mayra F Gutierrez

Address

3550 Washington St

Apt # 516 B

Hollywood, FL 33022

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

1924
24
34

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: Mayra F Gutierrez

Address: 3550 Washington St
Apt 516 B
Hollywood, FL 33021

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mayra F Gutierrez

Address: 3550 Washington St
Apt 516 B
Hollywood, FL 33021

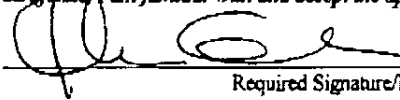
ARTICLE VIII EFFECTIVE DATE:

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.

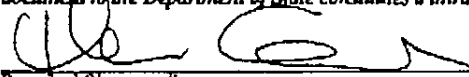
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

6/24/2024
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/Incorporator

6/24/2024
Date

2024-06-24 1:34