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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION MAGLAM CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: MAGLAM CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address900 SW 27TH AVEAPT 202MIAMI, FL 33135

Mailing address, if different is:

SAME**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: THE GENERAL NATURE OF THE BUSINESS AND OBJECTSAND PURPOSED TO BE TRANSACTED AND CARRIED ON BY THIS CORPORATION ARE TO DO ANY ANDALL OF THE THINGS HEREIN MENTIONED, AS FULLY AND TO THE SAME EXTENT AS NATURAL PERSONS
MIGHT DO:1) TRANSACT ANY AND ALL LAWFUL BUSINESS2) SAID CORPORATION SHALL FURTHER HAVE POWERSTO HAVE PERPETUAL SUCCESSION BY ITS CORPORATE NAME: MAGLAM CORP**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MAGELA VAZQUEZ GONZALEZAddress: 900 SW 27TH AVEAPT 202MIAMI, FL 33135

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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CLERK OF DISTRICT COURT
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: MAGELA VAZQUEZ GONZALEZ
Address: 900 SW 27TH AVE. APT. 202
MIAMI, FL 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: MAGELA VAZQUEZ GONZALEZ
Address: 900 SW 27TH AVE. APT. 202
MIAMI, FL 33135

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.

X  _____
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.

X  _____
Required Signature/Incorporator

10/15/2024

Date

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