

P23000020419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

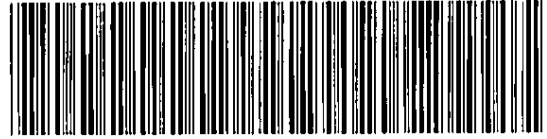
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
MAR 18 2023

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

FILED

2023 MAR 17 PM 3:28
ALLAHASSEE, FL

RECEIVED

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: Jan Gull
MGATI Corp.
Business Name _____ Document # _____

__ **Certified Copy of Articles**

__ **Certificate of Status**

NEW FILINGS

- Profit Corp
- Not for Profit
- Limited Liability

- Domestication
- Other
- CORP**
- LLLP**

AMMENDMENTS

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

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

OTHER FILINGS

- Annual Report
- Fictitious Name

- APOSTILLE _____
Country

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

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marcos Gassiebayle, President Name and Title: _____

Address: 848 Brickell Ave. Ste 1130 Address: _____
Miami, Fl 33131

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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

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TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

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

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

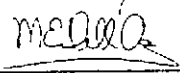
ARTICLE VIII EFFECTIVE DATE:

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

 03/17/2023
Required Signature/Registered Agent 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.

 03/17/2023
Required Signature/Incorporator Date