Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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Email Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION **MJA SOLVES CORP**

Certificate of Status	0
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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

MJA SOLVES CORP	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
442 E 28TH ST APT A	
MIALEAH F.C 33013	
ARTICLE III SHARES: The number of shares of stock is: 100	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICER SE	
JULIO ALEXIS BORGES SOLVES (P)	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
JULIO ALEXIS BORGES SOLVES	
442 E 28TH ST APT A	
HIALEAH EL 33013	
ARTICLE VI INCORPORATION, The	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Sulio ALEXIS BORGES SOLVES 442 F 28TH ST APT A	
HIRCEAH F.C 33013	

EIN. 33-3187677

## Required Signatures:

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

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.

late

2025 FEB -3 PM S: 15