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(Requestor's Name) (Address)			
(Address)	600291081436		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL	10/11/1601016029 **70.00		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status Special Instructions to Filing Officer:	16 OCT 11 F		
to corcect purpose (#8) to be more specific.	PH 3: 29 ED STATE STATE STATE STATE ESTATEMENT		
to be more Specific.	T WASHINGTON		

Office Use Only

OCT 1 2 2016

COVER LETTER

TO:	New Filing Se Division of Co	orporations		
SUBJ	ECT:	Mavagi Name of Corporation	Enterprises on - must include suffix	Inc.
Dear S	ir or Madam:			
Affairs	s in Florida", "Ce	ion by Foreign Not for Profirtificate of Existence", or "Cenced not for profit corporations."	ertificate of Status" and ch	eck are submitted to
Please	return all corresp	oondence concerning this ma	tter to the following:	
		Rau Name o	1 Tintori Person	
	 	Mavagi En	tergrises Incompany	<u>c</u>
		5505 GC	issom Rd	
		S úi s Ado	te 103	
		San Ant City/State a	onto TX 70	8238
	E-n	raulte m	-	\
For fur	rther information	concerning this matter, pleas	se call:	104
	Raul T Name o	intori at (STREET/CO New Filing Se	lephone Number
	MAILING AD New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FI	porations	Division of C Clifton Build	orporations ing ve Center Circle
Enclos	sed is a check for	the following amount:		
\$70	0.00 Filing Fee	□\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Mayre: Enterprises Incorporated
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Texas 3. 74-3008826 (State or country under the law of which it is incorporated) (FEI number, if applicable)
(Date of Incorporation) 5. (Duration: Year corp. will cease iolexist or "perpetual")
6.
(Date first conducted affairs in Florida If prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 5505 Grisson Road Suite 103 San Antonio Tx 78238
Sane as above
(Current mailing address)
Same as above (Current mailing address)
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
8. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: William Armstrong
Office Address: 1931 Subarloaf BLVD.
SUGARLOAF KEY Florida FL 33047
(City) / (Zip Code)
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
well Do
(Registered agent's signature)
11. Attached is a certificate of existence duly authenticated; not more than 90 days prior to delivery of this application to

jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

A. DIRECTORS			
Chairman: John Nicholson			
Address: STOS GRISSOM RD #103			
San Anton, TX 70230			
Vice Chairman: Steve Hoesh			
Address: 5505 6/2/550M RD #2/U3			
SAN ANTONIO TX 70228			
Director: Maria Cervante		 _	
Address: 5505 GNISUM 12) #103			
Som Antonio TX 78200		<u>ಕ</u>	
Director:		<u> </u>	Γl
Address:	シュ ^ル	- ;	
	- 23		T)
B. OFFICERS		3: 29	
President: Paul Tinton	Z.,		
Address: STOT GRISSOM PD #107			
San Antoria, TX 18234			
Vice President:			
Address:			
Secretary:			
Address:			
Treasurer:			
Address:			
NOTE: If necessary, you may attach an adderdum to the application listing additional officers and/o	or director	re	
		10.	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the applica	tion)		
14. Lau (Typed or printed name and capacity of person signing application)			

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for MAVAGI ENTERPRISES, INC. (file number 163447601), a Domestic Nonprofit Corporation, was filed in this office on June 27, 2001.

It is further certified that the entity status in Texas is in existence.

6 OCT 11 PM 3: 29

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 28, 2016.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Carlos H. Cascos Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 691852050003