Note: Please print this page and use # as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAJARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019 Phone : (3(15)552-5973 Fax Number **:** (3**d**5)220-1440

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

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION MIJANGO CABLE & COMMUNICATIONS, CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Corporate Filing Menu

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:

MIJANGO CABLE & COMMUNICATIONS, CORP

ARTICLE II PRINCIPAL OFFICE

Principal Street Address:

337 NW 33 PD ST APT #4

MIAMI, FL. 33127

Mailing Address if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

EFRAIN MUANGO-P

337 NW 33 T APT #4

MIAMI, FL 33127

Address:

Name and Title:

Address:

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

The name and Florida Street address (P.	Box NOT acceptable of the registered agent is:
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Name:

EFRAIN MUANGO

337 NW 33 T APT #4

MIAMI, FL. 33127

Address:

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name:

EFRAIN MUANGO

337 NW 33 T APT #4

MIAMI, FL **B3127**

Address:

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

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information 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

Date