

12/7/21, 10:13 AM

Division of Corporations

Florida Department of State

Division of Corporations

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(((H21000445489 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TRAMILEX LLC

Account Number : I20150000086

Phone : (786)469-9163

Fax Number : (305)848-3716

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MANGO NETWORK CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: MANGO NETWORK 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: JESUS A CAMARGO MORILLO

Name (Printed or typed)

4000 PONCE DE LEON BLVD STE 470

Address

CORAL GABLES, FL 33146

City, State & Zip

(385)549-5823

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

MANGO NETWORK CORP

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICEPrincipal street address

4000 PONCE DE LEON BLVD STE 470

CORAL GABLES, FL 33146

Mailing address, if different is:

SAME ADDRESS

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JESUS A CAMARGO MORILLO, P

Address: 4000 PONCE DE LEON BLVD STE 470

CORAL GABLES, FL 33146

Name and Title: _____

Address: _____

Name and Title: CARLOS A. RUIZ AMIEL, VP

Address: 4000 PONCE DE LEON BLVD STE 470

CORAL GABLES, FL 33146

Name and Title: _____

Address: _____

Name and Title: ANNIELYS O. AULAR NAVA, T

Address: 4000 PONCE DE LEON BLVD STE 470

CORAL GABLES, FL 33146

Name and Title: _____

Address: _____

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FILED

CLERK OF DISTRICT COURT

MIAMI, FLORIDA

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Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JESUS A CAMARGO MORILLO
 Address: 4000 PONCE DE LEON BLVD STE 470
 CORAL GABLES, FL 33146

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JESUS A CAMARGO MORILLO
 Address: 4000 PONCE DE LEON BLVD STE 470
 CORAL GABLES, FL 33146

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/06/2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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*

 Required Signature/Registered Agent
 12/06/2021
 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.

 Required Signature/Incorporator
 12/06/2021
 Date

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