

FEB 11 2020

COVER LETTER

TO: Registration Section
Division of Corporations

MINO MANAGEMENT INC.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
ALEX STEELE

_____	Name of Person
_____	Firm/Company 310 PINE MOSS DR
_____	Address FT WALTON BCH, FL 32548
_____	City/State and Zip code corpalexsteele@gmail.com
_____	E-mail address: (to be used for future annual report notification)

2020 J. 11 30 PM 11:54

For further information concerning this matter, please call:

ALEX STEELE	682	252-5817
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 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 CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

MINO MANAGEMENT INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
HAWAII 84-4221844

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
12/31/2017 PERPETUAL

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
310 PINE MOSS DR FT WALTON BCH, FL 32548

7. _____
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

ALEX STEELE

Name:

310 PINE MOSS DR

Office Address:

FT WALTON BCH

32548

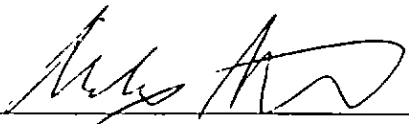
. Florida

(City)

(Zip code)

9. 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.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

2020 JUN 30 PM 4:54

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

ALEX STEELE

Director: _____

310 PINE MOSS DR FT WALTON BCH, FL 32548

Address: _____

Director: _____

Address: _____

B. OFFICERS

ALEX STEELE

President: _____

310 PINE MOSS DR FT WALTON BCH, FL 32548

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

ALEX STEELE

Treasurer: _____

310 PINE MOSS DR FT WALTON BCH, FL 32548

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

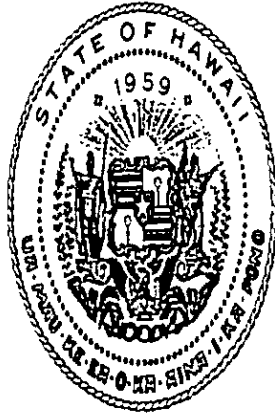
ALEX STEELE

PRESIDENT

13. _____

(Typed or printed name and capacity of person signing application)

2020 JUN 30 PM 4: 54



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs
of the State of Hawaii, do hereby certify that according to
the records of this Department,

MINO MANAGEMENT INC.

was incorporated under the laws of Hawaii on 12/31/2017 ; and
that it is an existing corporation in good standing, and is
duly authorized to transact business.

IN WITNESS WHEREOF, I have hereunto set
my hand and affixed the seal of the
Department of Commerce and Consumer
Affairs, at Honolulu, Hawaii.

Dated: January 10, 2020

Director of Commerce and Consumer Affairs



2020 Jan 30 PM 4:54