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(Re	equestor's Name)	
(Ad	ddress)	
.(Ac	dress)	
(Ci	ty/State/Zip/Phone	e#)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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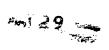
Office Use Only



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TRANSMITTAL LETTER

The Friends of Mimagani Inc.
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

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

J. W.O 010140	of incorporation and a	CHOOK TOI.
& e of	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
	&	2 \$78.75

FROM: Circly Funkhouse (
Name (Printed or typed)

12921 Way MyHe LW

Address

THE 322-16

City, State & Zip

904-721-1242

Daytime Telephone number

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

`	with Chapter 617, F	S., (Not for Pro	fit)			
ARTICLE I The name of the	NAME corporation shall be:				•	
-	ne Frience	as of p	+ limican	, Inc.		-
ARTICLE II The principal place 205	PRINCIPAL OFF ace of business and m San Palo	ICE ailing address of the	nis corporation sha			· -·
	ksonville,	LC 32	224			
	which the corporation		or Resou	rce prog	grams	-
	1 imagani					
ARTICLE IV The manner in v	MANNER OF EL	ECTION elected or appoint	ted:	▼ - 21		••
The name(s), ad CINDY FUI 12921 WA JACKSONVII	NITIAL DIRECTOR dress(es) and title(s): UKHOUSER - CH XMYRTLE LN LE, FL 32246 E GUFFORD - T	AIRPERSON S		2NUM DRN 46	_	SEC'Y E SMITH IGED EL! 46
ARTICLE VI The name and l	INITIAL REGIST Florida street addres as Chairper	TERED AGENT s of the registered	AND STREET			
	INCORPORATO Address of the Incorpo AS Treasur	orator is:	(kna		03 MAY.20 SEUNG LARY OF	
	******			******	**************************************	0 3
Having been named n this certificate, I a	as registered agent to a m familiar with and acc	ccept service of pro cept the appointmen	cess for the above sta t as registered agent	ated corporation at th t and agree to act in t	e place designate his capacity,	
Circuthia	Smit Funk		_ A1	5/131	A3	·· <u> </u>
Signature/Register	ed Agent			Date		

ARTICLES OF INCORPORATION

Signature incorporator