

N18888004240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

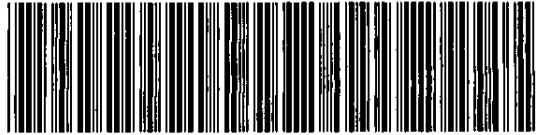
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RECEIVED APR 19 2010

Office Use Only



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04/20/10--01022--020 **78.75

FILED
2010 APR 28 P 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten:
01-62-5
60261-00

COVER LETTER

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

SUBJECT: MANA INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: JOAQUIN ABREU
Name (Printed or typed)

209 MOJAVE CT APT 5
Address

JACKSONVILLE FL 32216
City, State & Zip

(904) 238 8614
Daytime Telephone number

JABREUROGERT@YAHOO.ES
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 APR 28 PM 4:25

DIVISION OF CORPORATION

April 20, 2010

JOAQUIN ABREU
209 MOJAVE CT., APT. 5
JACKSONVILLE, FL 32216

SUBJECT: MANA INC
Ref. Number: W10000019209

We have received your document for MANA INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham
Regulatory Specialist II
New Filing Section

Letter Number: 110A00009783

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

~~MANA INC~~ MINISTERIO de Ayuda a los Necesitados X ANCIANOS
INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

209 MOJAVE CT APT 5
JACKSONVILLE FL 32216

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

~~HELP NEEDED PEOPLE AND SENIORS IN CUBA~~

Helping the Needy and elderly in Cuba

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

APPOINTED BY THE INCORPORATOR

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

JOAQUIN ABREU
209 MOJAVE CT APT 5
JACKSONVILLE FL 32216
PRESIDENT

WALTER BORJAS
9582 LAKE CHASE ISLAND WAY
TAMPA FL 33626
VICE PRESIDENT

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JOAQUIN ABREU
209 MOJAVE CT APT 5, JACKSONVILLE FL 32216
REGISTERED AGENT

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOAQUIN ABREU
209 MOJAVE CT APT 5, JACKSONVILLE FL 32216
INCORPORATOR

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.

Joquin JOAQUIN ABREU
Signature/Registered Agent

04/14/2010
Date

Joquin JOAQUIN ABREU
Signature/Incorporator

04/14/2010
Date

Joquin

FILED
2010 APR 28 P 3:43
SECRETARY OF STATE
ALLAHASSEE, FLORIDA