

# N16000010942

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐

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(Business Entity Name)

\_\_\_\_\_  
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

V HERRING  
NOV 14 2016

## COVER LETTER

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

**SUBJECT:** TEODORO NGUEMA OBIANG MANGUE FOUNDATION 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:** John Jones II {Yippiekiyay Nonprofit Solutions  
Name (Printed or typed)

9200 E. Mineral Ave. Unit #101

Address

Centennial, CO 80112

City, State & Zip

(855) 893-3093

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.**

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

**ARTICLE I    NAME**        **TEODORO NGUEMA OBIANG MANGUE FOUNDATION INC**

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
6890 Swansea Lane

Mailing address, if different is:

Boynton Beach, FL, 33472

**ARTICLE III    PURPOSE**

To help the needy children in our continent, to bring a  
The purpose for which the corporation is organized is: \_\_\_\_\_  
little joy into the lives of those who have not had the chance to learn to read and write.

**ARTICLE IV    MANNER OF ELECTION**    The manner in which the directors are elected and appointed: \_\_\_\_\_

As provide for in bylaws.

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Maguy Caminiti

Address: 6890 Swansea Lane

Boynton Beach, FL, 33472

Name and Title: Jacob Aime Loboue

Address: 6890 Swansea Lane

Boynton Beach, FL, 33472

Name and Title: Richard Caminiti

Address: 6890 Swansea Lane

Boynton Beach, FL, 33472

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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DADE COUNTY, FLORIDA

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Purpose and Dissolution Clause as required by IRS:

Purpose Clause:

*"This organization is organized exclusively for charitable, educational, religious and/or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, and shall not inure benefit or earnings to any private shareholder or individual.*

Dissolution Clause:

*" Upon the winding up and dissolution of this organization, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, including to another tax-exempt organization under Section 501(c)(3), or shall be distributed to the federal government, or to a state or local government, for a public purpose."*

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Maguy Caminiti  
 Address: 6890 Swansea Lane  
Boynton Beach, FL, 33472

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Maguy Caminiti  
 Address: 6890 Swansea Lane  
Boynton Beach, FL, 33472

*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*

*Maguy Caminiti*

10/31/2016

Required Signature of Registered Agent

Date

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

*Maguy Caminiti*

10/31/2016

Required Signature of Incorporator

Date