

N16000010942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

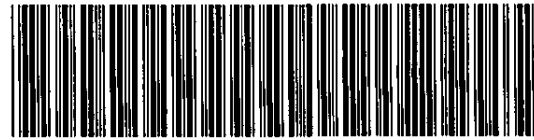
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 NOV - 8 PM 2: 32
STATE
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:

Boynnton Beach, FL, 33472

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To help the needy children in our continent, to bring a 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
Boynnton Beach, FL, 33472

Name and Title: _____
Address: _____

Name and Title: Jacob Aime Loboue
Address: 6890 Swansea Lane
Boynnton Beach, FL, 33472

Name and Title: _____
Address: _____

Name and Title: Richard Caminiti
Address: 6890 Swansea Lane
Boynnton Beach, FL, 33472

Name and Title: _____
Address: _____

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STATE OF FLORIDA
DEPARTMENT OF STATE

FILED

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: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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