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COVER LETTER

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

FROM:

MENG FAMILY FOUNDATION, INC. (PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)			
nd one (1) cany of the Ar	ticles of Incompration and	a chack for	
nd one (1) copy of the 74	neles of incorporation and	a clicck for .	
□ \$78.75	□\$78.75	\$87.50	
Filing Fee &	Filing Fee	Filing Fee,	
Certificate of	& Certified Copy	Certified Copy	
Status		& Certificate	
	ADDITIONAL CO	TONAL COPY REQUIRED	
	(PROPOSED CORP and one (1) copy of the Ar S78.75 Filing Fee & Certificate of	(PROPOSED CORPORATE NAME – MUST INC. and one (1) copy of the Articles of Incorporation and □ \$78.75 Filing Fee & Certificate of Status	

Address

Lutz. FL 33558

City. State & Zip

1.813.437.2131

Daytime Telephone number

office@igasusa.com

E-mail address: (to be used for future annual report notification)

MENG WANG

Name (Printed or typed)

18552 Roseate Dr.

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

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

The name of th	NAME MEN MEN MEN	G FAMILY FOUNDATION, INC.	
ARTICLE II	PRINCIPAL OFFICE		
	Principal <u>street</u> address:	Mailing address, if differ	rent is:
	5814 Mariner Street,		
- 11	Tampa, FL 33609		-
	or which the corporation is organized is:	MENG FAMILY FOUNDATION, INC. is a non-propundation within the meaning of Section 501 (c)(3)	
		al tax code. MENG FAMILY FOUNDATION, INC	
		all children internally who have been victimized by	
		" is our organizational credo. The weaving togethe	
 		ence upheavals are enabled to survive. On the heels	
-		part. This organization seeks to provide refuge to cl	
ARTICLE IV ARTICLE V	MANNER OF ELECTION The ma	nner in which the directors are elected and appointed: CTORS	Elected 1-year term
Name and Titl	Jorge Alvarez, President	Name and Title:	
Address	4729 Overlook Drive NE,	Address:	
	Saint Petersburg. FL 33703		
Name and Title	Meng Wang, Secretary / Treasurer	Name and Title:	
Address	18552 Roscate Dr., Lutz. FL 33558	Address:	
Name and Title Address	Linlin Yu. Board Member e:	Name and Title: Address:	
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Name and Title:		Name and Title:	
Address _		Address:	
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_			
Name and Title:		Name and Title:	
Address _		Address:	
-		<u> </u>	
ARTICLE VI The name and F	<u>REGISTERED AGENT</u> lorida street address (P.O. Box NOT acco	eptable) of the registered agent is:	
Address:	18552 Roseate Dr, Lutz, FL 33558		
	INCORPORATOR ddress of the Incorporator is: Meng Wang 18552 Roseate Dr, Lutz, FL 33558		
Effective date, if (If an effective of Note: If the date	EFFECTIVE DATE: Other than the date of filing: Late is listed, the date must be specific at inserted in this block does not meet the active date on the Department of State's received.	nd cannot be more than five day applicable statutory filing requiren	s prior or 90 days after the filing.)
	med as registered agent to accept service familiar with and accept the appointment o		corporation at the place designated in this t in this capacity
	Meng Way Required Signature of Registered		8/11/224
		in are true. I am aware that any fa s provided for in s.817.155, F.S.	lse information submitted in a document to
	Required Signature of Inco	rporator	8/22/2024 Date 53

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