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(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:						
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Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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nanger Ma	inketing, Inc	
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		Art of Inc. File
· · · · · · · · · · · · · · · · · · ·		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
o.P.m.m.c		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
Name	8/18/03 11:55 Data Time	UCC 11 Search
rvaine	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be: MANGEY MALKETIN	14 /.10
///HNGEY //ALLUI/K	η , 1λυς.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 76 28 No. 56 th TAMPA. F1. 3361	St. 7 = 8
ARTICLE III PURPOSE	FILED SECRETARY OF STATIONAL AHASSEE, FLORI
The purpose for which the corporation is organized is: All IAWful DUR	POSES SSEET
ARTICLE IV SHARES The number of shares of stock is:	O3 MAR 18 AM 10: 40 SECRETARY OF STATE ALLAHASSEE, FLORIDA
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: 80 / Tam	r Hobson, Esa. Ben Lomond DL pa. Fl. 33617
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is: Refer 801	BEN LOMOND DR. 100, Pl. 33617
**************************************	•
Having been named as registered agent to accept service of process for the above stated certificate, I am familian with and accept the appointment as registered agent and agree t	
	3.18.3
Signature/Registered Agent	Date

Date

Signature/Incorporator