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## **COVER LETTER**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2009 AUG -3 PM 12: 314

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

SUBJECT: Mangin Financial Group, Inc. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)					
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)					
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
☐ \$70.0 Filing Fe	•	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
	ADDITIONAL COPY REQUIRED				
FROM: John A. Mangin III  Name (Printed or typed)					
3109 W. Azeele St.					
Tampa, FL 33609 City, State & Zip					
813.876.1546					
	Daytime Telephone number				
juangin 3rd @ manginfinancial. com					
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 607 and/or Chapter 621, F.S. (Profit)	SECRETARY DIVISION OF CO	OF STATE
ARTICLE I NAME The name of the corporation shall be:	2009 AUG -3	
Mangin Financial Group, Inc.		
ARTICLE II PRINCIPAL OFFICE  The principal street address and mailing address, if different is:		
3109 W. Azeele St. Tampa, FL 3360	09	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:		
Financial Services and Life Insurance	e	
ARTICLE IV SHARES The number of shares of stock is:		
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):  John A. Mangin, III , president  3109 W. Azeele St. Tampa, FL 33609  ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the region of the region of the second	gistered agent is:	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:		
John A. Mangin III 3109 W. Kzeele St. Tampa, FL 33609		
**************************************	******	*****
Having been named as registered agent to accept service of process for t	he above stated	corporation at the
place designated in this certificate, I am familiar with and accept the ap	pointment as re	egistered agent and
agree to act in this capacity	• •	
( full lay	07-21 07-21	-09
Signature/Registered Agent	07-21.	- 09
Signature/Incorporator	Da	te