PIDOWSHOS

(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:				

Office Use Only



200212936242

10/07/11--01017--014 **78.75

SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OFT -7 PM 2: 23

Ps 10/10/4

COVER LETTER

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

SUBJECT:	Mangas Marketing, Inc.				
	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an ori	ginal and one (1) copy of the artic	cles of incorporation an	d a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL C	OPY REQUIRED		
FROM:	Arlan F	R. Mangas			
	Name	(Printed or typed)			
488 W Highbanks Rd. Address					
					Debary, FL 32713 City, State & Zip
City, State & Zip					
386-668-1814 Daytime Telephone number					
					, —
	E-man address, (10 de useu	i ioi iuluie alliuai iepoli	. HOUHIÇAUOH)		

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)

ARTICLE I The name of the c	NAME Mangas Marketing, Inc.		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
ARTICLE II	PRINCIPAL OFFICE		11 OCT -7 PM 2: 23
	Principal street address		Mailing address, if different is:
	488 W Highbanks Rd. Debary, FL 32713		
		•	
ARTICLE III	PITRPOSE		
	which the corporation is organized is:		
The purpose	e of the corporation is to conduct any la	awful purpose	or purposes.
ARTICLE IV			
The number of sh	ares of stock is: 100		
	INITIAL OFFICERS AND/OR DIRECTOR		
	Title: Arlan R. Mangas, President/Treasure		
Address:	488 W Highbanks Rd. Debary, FL 32713		488 W Highbanks Rd. Debary, FL 32713
	Deualy, FL 327.13	_	Debaly, IL 327 13
Name and f	Tial a.	Nome and Title	
Name and Address:	Title:	_ Name and Title Address:	
riddioss.			
		_	
Name and	Title:	Name and Title	:
Address:		Address:	
		_	
		_	
	REGISTERED AGENT		
The <u>name and Fl</u> Name:	lorida street address (P.O. Box NOT acceptable) of Arlan R. Mangas		nt is:
Address:	488 W Highbanks Rd	_	
	Debary, FL 32713	- -	
ADTICLE WILL	INCORPORATOR		
ARTICLE VII The name and ac	Idress of the Incorporator is:		
Name:		_	
Address:	Arlan R. Mangas 488 W Highbanks Rd. Debary, FL 32713	_	
	•	_	
Having been nan	ned as registered agent to accept service of proces am familiar with and accept the appointment as reg	s for the above sto vistared agent and	nted corporation at the place designated in
inis cerujicaie, i i	//		igree to act in this cupacity
	Gulan K Marga	<u>a_</u>	10 - 4 - 11 Date
	Required Signature/Registered Agent		Date
I cubmit this dos	cument and affirm that the facts stated herein are		that the false information submitted in a
	nament and affirm that the facts stated herein are Departmeptyof State constitutes a third degree felon		
		· -	
	Chilan R Mange Required Signature/Incorporator	ns_	10-4-11
	Required Signature/Incorporator		' Date