## P12000099111

(Requestor's Name)				
(Address)				
(Address)				
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(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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## **COVER LETTER**

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

SUBJECT: PG	Managers, Inc.		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation an	d a check for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM:	lario J. Garcia Nam	e (Printed or typed)	
<u>23</u>	3401 SW 154 Av		
		Address	
<u>H</u>	omestead, FL 33		
	City,	State & Zip	
30	05-345-0355		
	Daytime T	elephone number	
<u>ai</u>	rrescue@gmail.co		
<del></del>	E-mail address: (to be use	d 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)

The name of the	corporation shall be: PG Manager	s, Inc. FIL	_E®
ARTICLE II	PRINCIPAL OFFICE		3 PH 3 59
	Principal street address	Mailing address, if di	fferent is:
	23401 SW 154 Ave	Mailing address, if di	ry OF STATE
	Homestead, FL 33032	TALLAHAS	SEE. FLGS 75
ARTICLE III	PURPOSE		
The purpose for	which the corporation is organized is: "Pro	fessional Corporation"	
<b>ARTICLE IV</b> The number of sl	SHARES nares of stock is: 10,000		
ARTICLE V	INITIAL OFFICERS AND/OR DIRE	CTORS	
	Title: Marisela Garcia / President	Name and Title:	
Address:	23401 SW 154 Ave	Address:	
	Homestead, FL 33032		
Name and	Title: Mario Garcia / Treasurer	Name and Title:	
Address:	23401 SW 154 Ave	A ddraga;	
	Homestead, FL 33032		
Name and	Title: Juan Pug / Secretary	Name and Title:	
Address:	18768 SW 79 Ave	A damana	
	Miami, FL 33157		
ARTICLE VI	REGISTERED AGENT		<del></del>
he <u>name and F</u>	lorida street address (P.O. Box NOT accep	able) of the registered agent is:	
Name:	Mario Garcia		
Address:	23401 SW 154 Ave		
	Homestead, FL 33032		
RTICLE VII	INCORPORATOR		
he <u>name and ac</u>	ddress of the Incorporator is:		
Name:	Mario Garcia		
Address:	23401 SW 154 Ave  Homestead, FL 33032	<del></del>	
aving been nan is certificate, I	ned as registered agent to accept service of am familiar with and accept the appointmen	process for the above stated corporation at the t as registered agent and agree to act in this co	e place designated i ipacity
Mario	y Barrio	11-30-12	
6	Required Signature/Registered Age	nt	Date
submit this doc	ument and affirm that the facts stated her	in are true. I am aware that the false inform	ation submitted in
ocument to the	Department of State constitutes a third degr	re felony as provided for in s.817.155, F.S.	
Mand	4 Partin	11-30-	12
<del></del> -	Required Signature/Incorporator	1150-	Date