

P160000022924

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Special Instructions to Filing Officer:

W16-13356

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16 MAR 16 AM 7:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

UH

## COVER LETTER

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

SUBJECT: MG MANAGEMENT INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: MARIO GAGNON  
Name (Printed or typed)

11361 SANDY RUN ROAD  
Address

JUPITER, FL. 33478  
City, State & Zip

561-441-5959  
Daytime Telephone number

ONEDOW@COMCAST.NET  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 23, 2016

MARIO GAGNON  
11361 SANDY RUN ROAD  
JUPITER, FL 33478

SUBJECT: MG MANAGEMENT INC.  
Ref. Number: W16000013356

We have received your document for MG MANAGEMENT INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 216A00003729

**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: MG MANAGEMENT INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

11361 SANDY RUN RD  
JUPITER, FL. 33478

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Real estate

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MARIO GONON (President)

Name and Title:

Address 11361 SANDY RUN RD

Address:

JUPITER, FL. 33478

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

16 MAR 11 AM 7:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

APPROVED  
'AND'  
FILED

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

16 MAR 11 AM 7:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name:

MARIO GAGNON

Address:

11361 SANDY RUN RD.  
SUPITER, FL. 33478

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name:

MARIO GAGNON

Address:

11361 SANDY RUN RD.  
SUPITER, FL. 33478

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: Feb 08, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

*Mario Gagnon*

Required Signature/Registered Agent

Feb 06, 2016

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

*Mario Gagnon*

Required Signature/Incorporator

Feb 06, 2016

Date