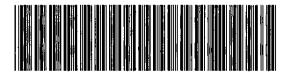
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(Requ	estor's Name)	
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SECRETARY OF STATE
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COVER LETTER

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

SUBJECT:	MG	1.	GEMENT	ĬNC.
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>) 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED

FROM:	MARIO GAGNON Name (Printed or typed)
	11361 SANDY RUN ROAD
	Address 221100
,	JUPITER, FL. 33478 City, State & Zip
	561-441-5959
	Daytime Telephone number
-	E-mail address: (to be used for future annual report notification)

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



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)

	<u>1ME</u>	110-11	SAUA	MONT	1177	
	RINCIPAL OFFICE Principal street add	ress	71194.9.		JC. Press, if different	ent is:
	RIPL. 334					
ARTICLE III PL The purpose for wh	/RPOSE lich the corporation is or	ganized is:	leal e	state		
						10 6
						R I
ARTICLE IV SE The number of share		∞				TO STATE OF THE ST
<u>ARTICLE V IN</u>	ITIAL OFFICERS AND	VOR DIRECTORS	(tued)			
Name and	Title: <u>UAQIO</u>	exanon (b	Name and	Title:		
Address	11301 SAI	, FL. 334°	Address:			
Name and	Γitle:		Name and	Title:		
Address			Address:			
Name and T	Title:		Name and	Title:		
Address			Address:			



Name and Title:	Name and Title:		16 MAR 1 AM 7: 3
Address	Address:		SECRETARY OF STATE
			ALLAMASSEE FLORIDA
			·
ARTICLE VI REGISTERED AGENT			
The name and Florida street address (P.O. Box NOT a	- · ·	is:	
Name: MARIO GAGNOI			
Address: 11361 SANDY	RUN RD-		,
Supitea, FL. 331	178		
ARTICLE VII INCORPORATOR			
The name and address of the Incorporator is:			
Name: MARIO GAGN	Jon		
Address: 11361 SANDY B	RUL RD.		
	3478		
Soprier, 120 S.	<u> </u>		
ARTICLE VIII EFFECTIVE DATE:	00 2011		
Effective date, if other than the date of filing: TEO (If an effective date is listed, the date must be specific	08,2016 (OPTI		nriar ar 90 business
days after the filing.)	t and cannot be more than five	Dusiness days	prior or 50 business
Note: If the date inserted in this block does not meet the the document's effective date on the Department of State		rements, this da	te will not be listed as
Having been named as registered agent to accept service this contificate, I am familify with and accept the appoin			
Maie Hagn		te	b 06,2016
Required Signature/Registered			Date
I submit this document and affirm that the facts statea document to the Department of State constitutes a third			rmation submitted in a
Moris Hopens		Fp	h 06, 2016
Required Signature/Incorporator		1	Date