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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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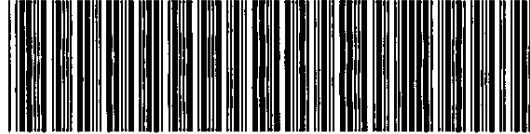
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/22/16--01021--010 **70.00

2016 AUG 22 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Mangrove-IT 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: Peter Ramdeen

Name (Printed or typed)

3110 Ripplewood Dr

Address

Seffner FL 33584

City, State & Zip

813-334-4799

Daytime Telephone number

pramdeen@tampabay.rr.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)

ARTICLE I NAME

The name of the corporation shall be: Mangrove-IT Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3110 Ripplewood Dr.

Seffner FL. 33584

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
For Profit in the arena of Information Technology. Providing Sales, and Services in IT Managment, Consulting, Engineering, /
Data Center / Infrastructure design and build, Deployments, and Implementations of New Technologies, upgrading and
improving legacy technologies.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Peter Ramdeen / President

Name and Title: _____

Address 3110 Ripplewood Dr

Address: _____

Seffner FL. 33584

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE FLORIDA

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Rosalene Ramdeen
Address: 3110 Ripplewood Dr
Seffner FL. 33584

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Peter Ramdeen
Address: 3110 Ripplewood Dr
Seffner FL. 33584

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/15/2016 (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



Required Signature/Registered Agent

8/17/16
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.



Required Signature/Incorporator

8/17/16
Date