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(Red	questor's Name)	
(Ada	dress)	
(riui	a1639)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SEERETARY OF STATE DIVISION OF CORPORATIONS

09/06/18

COVER LETTER

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

SUBJECT: MIGNE	R, INC.		
SCHOLC I.	(PROPOSED CORPORA	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 Filing Fee	•	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRE	
FROM:	GUEL GARCIA Nam	e (Printed or typed)	
706	0 CHESAPEAKE CR.		
		Address	
ВО	YNTON BEACH, FL., 33436		
11.	City	, State & Zip	
561	-704-8578		
	Daytime	Telephone number	
TIA	NERI@BELLSOUTH.NET		
	E-mail address: (to be use	ed 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 corporat	ion shall be: MIGNER, INC.			_
ARTICLE II PRINC	Principal street address		Mailing address, if different is:	- <u>-</u>
BOYNTON BEACH, F			5	<u> </u>
			<u></u>	
			25	້າ∑ີ.
ARTICLE III PURPO The purpose for which the	<u>OSE</u> ne corporation is organized is:		A	ORP S
ALL ACTIVITIES LEGAL UNDER FLORIDA LAW.				25
				S
				,
	L OFFICERS AND/OR DIRECTORS MIGUEL GARCIA PRESIDENT		NERIEDA GARCIA, SECRET	TARY
Name and Title	7060 CHESAPEAKE CR.	Name and Title Address:	7060 CHESAPEAKE CR.	
Address	BOYNTON BEACH, FL., 33436	Address:	BOYNTON BEACH, FL., 334	36
Name and Title:		Name and Title	·	
Address		Address:		<u> </u>
				
Name and Title:		Name and Title	•	
Address		Address:		

Name and	d Title:	Name and Title:
Address		Address:
	REGISTERED AGENT orida street address (P.O. Box NOT acceptabl	e) of the registered agent is:
Name:	DENNIS P. FLYNN. CPA	, v 1-8 1-8
Address:	185 LAS BRISAS	_
	HYPOLUXO, FL., 33462	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	SECRET
The name and ad	Idress of the Incorporator is:	76 26 26
Name:	MIGUEL GARCIA	AM 10: 18
Address:	7060 CHESAPEAKE CR.	O: A
	BOYNTON BEACH, FL., 33436	10: 18
Effective date, if (If an effective d days after the fil Note: If the date	ling.)	nnot be more than five business days prior or 90 business able statutory filing requirements, this date will not be listed
Having been nan this certificate, I	ned as registered agent to accept service of pro am familiar with and accept the appointment a	cess for the above stated corporation at the place designate s registered agent and agree to act in this capacity
	Required Signature/Registered Agent	8-22-16 Date
,	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the false information submitted elony as provided for in s.817.155, F.S.
	1	8.22-16
Requi	red Signature/Incorporator	Date

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