

P1900052411

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
MN3 CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2019 JUL -2 PM 1:57

2019 JUL -2 AM 10:32

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: MN3 Corp

ARTICLE II PRINCIPAL OFFICE

Principal address: 814 Medina Avenue, Coral Gables, FL 33134
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Meeting and Event planning services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nelupha Koka, President
Address: 814 Medina Ave, Coral Gables, FL 33134

Name and Title:
Address:

Name and Title:
Address:

2019 JUL -2 AM 10:32

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: Nelupha Koka

Address: 814 Medina Avenue
Coral Gables, Fl 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: The Law Office of Polayo Duran, PA

Address: 4640 NW 7th St.
Miami, Fl 33126

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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 as 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

07-01-2019
 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.

Polayo M. Duran, Esq.
 Required Signature/Incorporator

06-28-2019
 Date