1922000093191

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
d Copies Certificates of Status
al Instructions to Filing Officer.

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S. CHATHAM DEC 14 2022

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BINDLY THEY



December 14, 2022

CORPORATION SERVICE COMPANY

Please give original submission date as file date.

SUBJECT: MENERA MANAGEMENT INC

Ref. Number: W22000153998

We have received your document for MENERA MANAGEMENT INC. However, the document has not been filed and is being returned for the following:

You must list at least one incorporator with a complete business street address.

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

Summer Chatham Regulatory Specialist II New Filing Section

Letter Number: 522A00027808

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 242799 4338256 AUTHORIZATION : COST LIMIT : ORDER DATE: December 13, 2022 ORDER TIME : 2:37 PM ORDER NO. : 242799-005 CUSTOMER NO: 4338256 DOMESTIC FILING NAME: MENARA MANAGEMENT INC. EFFECTIVE DATE: XX ARTICLES OF INCORPORATION ____ CERTIFICATE OF LIMITED PARTNERSHIP ____ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CORPORATION SERVICE COMPANY

XX CERTIFIED COPY
PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS:

COVER LETTER

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

SUBJECT: Menara	Management Inc.		
30b3EC1	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the an	ticles of incorporation and	lacheck for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	XX \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate o Status
Lau FROM:	ura-Jayne Urso		
	Nam	e (Printed or typed)	
c/o —	Kirkland & Ellis LLP, 601 Lexing		
		Address	
Nev	v York, NY 10022		
_	City	, State & Zip	
	Daytime 1	Celephone number	
	E-mail address: (to be use	d for future annual report r	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 courses	tion shall be: Menara Management Inc.		
ARTICLE II PRING 5 Island Avenue, Apt Miami Beach, FL 331	CIPAL OFFICE Principal street address 3D	Mailing 	address, if different is:
ARTICLE III PURPA The purpose for which the transaction of any	OSE the corporation is organized is: and all lawful business for which corp	eral purpose for which this	s corporation is organized is
Busness Corporation	Act, and any amendments thereto, ar	nd in connection therewith	n, this corporation shall
have and may exerci	se any and all powers conferred from	time to time by law upon	corporations formed under
the Act,			
ARTICLE IV SHAR The number of shares of ARTICLE V INITIA Name and Titl Address	stock is: AL OFFICERS AND/OR DIRECTORS Matthew Walters, Director/CEO	Name and Title: Address:	22 DEC 13 PH 7: 39
Name and Title	;	Name and Title:	
Address		Address:	
	: <u> </u>		.,
Address		Address:	

Name ar	nd Title:	Name and Title:
Address	s	Address:
ADTICLE VI	REGISTERED AGENT	
	lorida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Corporation Service Company	
Address:	1201 Hays Street	
	Tallahassee, FL 32301	•
		•
ARTICLE VII	INCORPORATOR	
The name and a	ddress of the incorporator is:	
Name:	Matthew Walters	_
Address:	5 Island Avenue, Apt 3D	
	Miami Beach, Fl. 33139	·
ARTICLE VIII	EFFECTIVE DATE:	::
	other than the date of filing:	(OPTIONAL)
filing.)		• • • •
Note: If the dat	e inserted in this block does not meet the applicable	statutory filing requirements, this date will not be
the document s	effective date on the Department of State's records.	
Having been nai	med as registered agent to accept service of process for	or the above stated corporation at the place designa
certificate, I am	familiar with and accept the appointment as register	ed agent and agree to act in this capacity
	Account Visit Provident	12/13/2022
	D 10: 00	
	Required Signature/Registered Agent	Date
	Required Signature/Registered Agent cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information subm