

1/10/23, 12:53 PM

Division of Corporations

P23000002034

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : ADRIAN TAX SERVICES INC.
Account Number : 120220000042
Phone : (786)370-2432
Fax Number : (305)266-5758

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: vigovigocpa@aol.com

REC-11-10-23

**FLORIDA PROFIT/NON PROFIT CORPORATION
MGBO MANAGEMENT INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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Corporate Filing Menu

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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:

MGBO MANAGEMENT INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

8770 SW 12TH ST, APT 105

MIAMI, FL 33174

Mailing address, if different is:

8770 SW 12TH ST, APT 105

MIAMI, FL 33174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MANUEL GONZALEZ / P.S.T

Name and Title:

Address 8770 SW 12TH ST, APT 105

Address:

MIAMI, FL 33174

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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: MANUEL GONZALEZ

Address: 8770 SW 12TH ST, APT 105
MIAMI, FL 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MANUEL GONZALEZ


Address: 8770 SW 12TH ST, APT 105
MIAMI, FL 33174

ARTICLE VIII EFFECTIVE DATE:

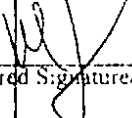
Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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 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

 01/10/2023
Required Signature/Registered Agent 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.

 01/10/2023
Required Signature/Incorporator Date

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