

P97000050491

TRANSMITTAL LETTER

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

SUBJECT:

MANGU Ventures, Inc

(Proposed corporate name - must include suffix)

8700002204300-1-9

06/06/97 0100 PM
****131.25 ****131.25

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

M. Alvarez

Name (Printed or typed)

P.O. Box 520013

Address

Miami, FL 33152-0013

City, State & Zip

(305) 343-7244

Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUN 10 10 00 AM

NOTE: Please provide the original and one copy of the articles.

9/6/97

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation

ARTICLE I NAME

The name of the corporation shall be:

MANU Ventures, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

P.O. BOX 520013
Miami, FL 33152-0013

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

(100) Common shares Miguel Alvarez 100%

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

George Kenhan
12150 NW 102ct
Miami, FL 33018

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

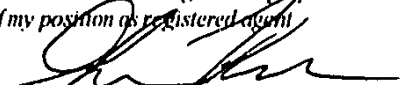
Miguel Alvarez
P.O. BOX 520013
Miami, FL 33152-0013


Signature/Incorporator

6/3/97
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature/Registered Agent

6/3/97
Date