

P00000068067  
TRANSMITTAL LETTER

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

600003322306--U  
-07/13/00--01065--014  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: MEN AT WORK, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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 of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: JOHN S. GIAMBRONE  
Name (Printed or typed)

4195 QUAIL WOOD DR  
Address

ST. CLOUD, FL 34772  
City, State & Zip

407-791-8386  
Daytime Telephone number

00 JUL 13 PM 3:55  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

JK 7/17

**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: **MEN AT WORK, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is: **4195 QUAIL WOOD DRIVE  
ST. CLOUD, FL 34772**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**TO ENGAGE IN ANY LEGAL BUSINESS  
ACTIVITY.**

**ARTICLE IV SHARES**

The number of shares of stock is: **1,000 SHARES AT \$1.00 PAR VALUE.**

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es): **JOHN GIAMBRONE - PRESIDENT  
LORI GIAMBRONE - VICE-PRESIDENT**

**ARTICLE VI REGISTERED AGENT**

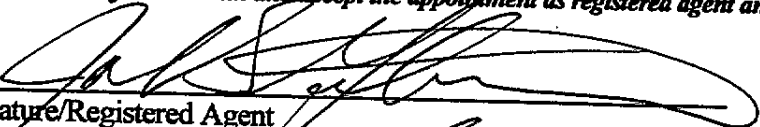
The name and Florida street address registered agent is: **JOHN GIAMBRONE  
4195 QUAIL WOOD DR  
ST. CLOUD, FL 34772**

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is: **JOHN GIAMBRONE  
4195 QUAIL WOOD DR.  
ST. CLOUD, FL 34772**

\*\*\*\*\*

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

  
Signature/Registered Agent

7-6-00  
Date

  
Signature/Incorporator

7-6-00  
Date

00 JUL 13 PM 3:55  
FEB 13 2001  
RECEIVED  
STATE OF FLORIDA  
CORPORATION DIVISION