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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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Mancosh Management, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	087
Estimated Charge	\$70.00

RE-SUBMIT

Please retain original filing
date of submission 3/26

Electronic Filing Menu

Corporate Filing Menu

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13 APR -2 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAR 25 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



March 27, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: MANCOSH MANAGEMENT, INC.
REF: W13000017854

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H13000068776
Letter Number: 213A00007249

RE-SUBMIT

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date of submission 3/26

P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Mancosh Management, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Eileen K. Tobin, Corporate Paralegal

Name of Person

Cameron & Mittleman LLP

Firm/Company

301 Promenade Street

Address

Providence, RI 02908

City/State and Zip code

ETOBIN@CM-LAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eileen K. Tobin, Corporate Paralegal

at (401) 331-5700 x336

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
266 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

STATE OF FLORIDA
TALLAHASSEE

13 MAR 26 PM 1:07

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Mancosh Management, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 06-1555817

(FEI number, if applicable)

4. 8/9/1999

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1901 N US Highway 1, Suite 702, Jupiter, FL 33477

(Principal office address)

(Current mailing address)

8. Provide management services

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: _____

(Registered agent's signature)

Connie Bryan

Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

RECEIVED
STATE
TALLAHASSEE
FLORIDA

13 MAR 26 PM 1:07

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Douglas G. Mancosh

Address: 1001 N US Highway 1, Suite 702
Jupiter, FL 33477

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Douglas G. Mancosh

Address: 1001 N US Highway 1, Suite 702
Jupiter, FL 33477

Vice President: _____

Address: _____

Secretary: Douglas G. Mancosh

Address: 1001 N US Highway 1, Suite 702, Jupiter, FL 33477

Treasurer: Donald E. Harris

Address: 1001 N US Highway 1, Suite 702, Jupiter, FL 33477

See attached for additional officers.

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Donald E. Harris, Treasurer

(Typed or printed name and capacity of person signing application)

SECRET
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

13 MAR 26 PM 1:07

FLORIDA APPLICATION FOR AUTHORITY
OF
MANCOSH MANAGEMENT, INC.
(a Delaware Corporation)

12. Names and business addresses of officers and/or directors:

B. Officers:

Donald E. Harris
Chief Financial Officer
& Assistant Secretary
1001 N US Highway 1
Suite 702
Jupiter, FL 33477

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FILED

13 MAR 26 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MANCOSH MANAGEMENT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF MARCH, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

13 MAR 26 PM 1:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

3080836 8300

130357991

You may verify this certificate online
at corp.delaware.gov/authver.shtml



Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0311587

DATE: 03-26-13