POIOOOOO2937

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

SUBJECT:	A. MANOS, (Proposed corp	工NC. Porate name - must include suf	SSEE, FLORIDA				
50003523 -01/04/01-0 ******70.00 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					
	Alamada A M	1000					

FROM: Alexander A. Manos
Name (Printed or typed)

5350 Front Dr
Address

Holiday, FL 34690
City, State & Zip

727-919-1064
Daytime Telephone number

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



*****70.00

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.

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	ALCO MILLON
orporation under the Florida s of Incorporation.	ASSER OF THE SERVICE

A	<u>R1</u>	TCL.	E I	NA.	ME

The name of the corporation shall be:

A.A. MANOS, INC.

ARTICLE II PRINCIPAL OFFICE

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

5350 Front Dr. Holiday, Fl 34690

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Alexander A. Manus 5350 Front Dr. Holiday, FC 34690

ARTICLE V INCORPORATOR

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

Alexander A. Manos 5350 Front Dr.

Holiday, FC 34690

Signature/Incorporator

12/29/00

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

12/29/00