

TRANSMITTAL LETTER

P02000041300

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

400005235564--7
-04/10/02--01052--001
*****70.00 *****70.00

SUBJECT: AMANDA P. MANOS, 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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: AMANDA P. MANOS
Name (Printed or typed)

1651 PLUM TREE ROAD
Address

HOLIDAY, FL 34690
City, State & Zip

(727) 934-8629
Daytime Telephone number

02 APR 10 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

04-17-02

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:

AMANDA P. MANOS, INC.

ARTICLE II PRINCIPAL OFFICE

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

1651 PLUM TREE ROAD, 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:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

AMANDA P. MANOS 1651 PLUM TREE ROAD, HOLIDAY, FL 34690

ARTICLE V INCORPORATOR

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

AMANDA P. MANOS 1651 PLUM TREE ROAD, HOLIDAY, FL 34690

Amanda P. Manos

Signature/Incorporator

4/5/02

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

Amanda P. Manos

Signature/Registered Agent

4/5/02

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA