

P04000106938

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

*[Handwritten Signature]*  
7/20/04

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**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MENTION'S MANAGING CORPORATION  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

Examiner's Initials

## **ARTICLES OF INCORPORATION**

The undersigned incorporation(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### **ARTICLE I- NAME**

The name of the corporation shall be:

Mention's Managing Corporation

### **ARTICLE II- PRINCIPAL OFFICE**

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

5808 58<sup>th</sup> St. Ct.  
Tampa FL 33619

### **ARTICLE III- SHARES**

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

One Hundred (100) Shares of One Dollar (\$1.00) per value common stock.

### **ARTICLE IV- INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Clara Mention  
5808 58<sup>th</sup> St. Ct.  
Tampa FL 33619

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**ARTICLE V- INCORPORATION**

The name and street address of the incorporation to these Articles of Incorporation is:

Clara Mention  
5808 58<sup>th</sup> St. Ct.  
Tampa FL 33619

This undersigned incorporation has executed the Articles of Incorporation this 19<sup>th</sup> of July of 2004.



Signature

**ARTICLES VI- DIRECTOR(S)**

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Clara Mention PRESIDENT  
5808 58<sup>th</sup> St. Ct.  
Tampa FL 33619

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**CERTIFICATE OF DESIGNED OF REGISTERED AGENT/ REGISTERED OFFICE**

Having been named as Registered Agent and to accept services of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.



Registered Agent Signature