P04000116450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TSR 10/04

TRANSMITTAL LETTER

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

SUBJECT: JOEMANN, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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: Joseph Spizzirri
Name (Printed or typed)

3356 Westford Dr.
Address

Apopka, FL 32712
City, State & Zip

407-889-3352
Daytime Telephone number

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

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: JOEMANU, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3356 WESTFORD DR. APOPKA FL 32712

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MEDICAL BUSINESS

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Joseph Spizzirri
Eugene B. Mouncy

List name(s), address(es) and specific title(s):

Joseph Spizzirri, President
3356 WESTFORD DR. APOPKA, FL 32712

Eugene B. Mouncy, Vice President
3356 WESTFORD DR
APOPKA, FL 32712

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Joseph Spizzirri
3356 WESTFORD DR
APOPKA, FL 32712

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Joseph Spizzirri
Eugene B. Mouncy
3356 WESTFORD DR
APOPKA, FL 32712

****

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

Joe Spizzirri
Signature/Registered Agent

7/27/04
Date

Joe Spizzirri
Signature/Incorporator

7/27/04
Date