

PO4000116450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

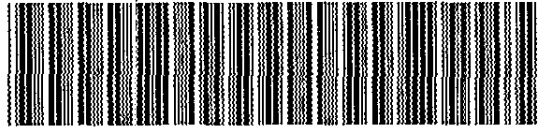
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: JOEMAX, 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 Spizziri
Name (Printed or typed)

3356 Westford Dr.
Address

Apopka, FL 32702
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/mailling address is: 3356 Westford Dr.
Apopka, FL 32712

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Joseph Spizziri, President
3356 Westford Dr. Apopka, FL 32712

Eugene B. Mounsey, 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 Spizziri
3356 Westford Dr
Apopka, FL 32712

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Joseph Spizziri
Eugene B. Mounsey
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 Spizziri
Signature/Registered Agent

7/27/04
Date

Joe Spizziri
Signature/Incorporator

7/27/04
Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA