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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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C.S. 6-9

## TRANSMITTAL LETTER

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

SUBJECT: J. Z. Mantiore Management Services 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: Jason Mantiore  
Name (Printed or typed)

365 Normandy H  
Address

Delray Beach FL 33484  
City, State & Zip

(661) 396-6766 (661) 305-8862  
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:

J.Z. MANTIONE Management Services INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

365 Normandy H  
DelRay Beach FL 33484

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

~~Cleaning Services~~  
CONSTRUCTION

## ARTICLE IV SHARES

The number of shares of stock is:

One Hundred

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Zulwic CASTRILLON 365 Normandy H DelRay Beach FL 33484  
President

Jason mantione 365 Normandy H DelRay Beach FL 33484  
Vice President

## ARTICLE VI REGISTERED AGENT

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

Jason mantione  
365 Normandy H  
DelRay Beach FL 33484

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jason mantione  
365 Normandy H  
DelRay Beach FL 33484

\*\*\*\*\*  
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

Signature/Registered Agent

Signature/Incorporator

Date

Date

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA