P05000110448

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
D Broke UB			
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer		
- ,	· ·······g = ····-=···		
		:	

Office Use Only



100058140571

08/08/05--01031--005 **78.75

FILED

05 AUG -9 PM 3: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/9/05 BUK

TRANSMITTAL LETTER

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

SUBJECT: McM	Manus Management Corporation			
	(PROPOSED CORPORA)	FE NAME – <u>MUST INCL</u>	<u>ude suffix</u>)	
Enclosed are an ori	ginal and one (1) copy of the artic	cles 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 CO		
FROM:	McManus Management Corporation			
	Name (Printed or typed)		
3219 Queensboro Avenue South				
	A	Address		
	St. Petersburg, FL 33712-1841			
	City,	State & Zip		
	(727) 686-6587	, , , , , , , , , , , , , , , , , , , ,		
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)

FILED

05 AUG -9 PM 3: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

.

The name of the corporation shall be:

McManus Management Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3219 Queensboro Avenue South St. Petersburg, FL 33712-1841

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All Lawful Purposes

ARTICLE W SHARES

The number of shares of stock is: 1,000 shares @ \$1 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kiristen McManus - President/Secretary/Treasurer 3219 Queensboro Avenue South St. Petersburg, FL 33712-1841

ARTICLE VI REGISTERED AGENT

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

Stephen Simone, CPA 6439 Central Avenue St. Petersburg, FL 33710-8411

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kiristen McManus 3219 Queensboro Avenue South St. Petersburg, FL 33712-1841

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

8/2/05

Signature/Incorporator