

P06000029031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

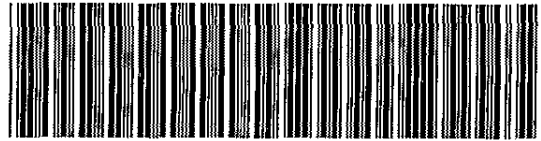
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Certified Copies _____

Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF REVENUE
06 FEB 27 AM 10:56

TRANSMITTAL LETTER

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

SUBJECT: MANNA & SONS, INCORPORATED
(PROPOSED CORPORATE NAME - MUST ENCLOSE 4-0171X)

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: VICTOR M. VERDI C/O VERDI ASSOCIATES GROUP, INC.
Name (Printed or typed)

541 WARWICK LANE-VENICE, FLORIDA 34293

Address

VENICE, FLORIDA 34293

City, State & Zip

732-829- 8397

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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 27 AM 10:57

ARTICLE I NAME

The name of the corporation shall be:

MANNA & SONS, INCORPORATED

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. BOX 7421
NORTH PORT , FLORIDA 34287

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PERPETUAL

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES (NO PAR)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ROBERT E. MANNA (PRESIDENT)
P.O. BOX 7421
NORTH PORT , FLORIDA 34287

ARTICLE VI REGISTERED AGENT

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

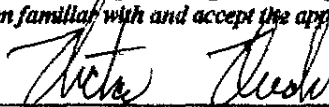
VICTOR M. VERDI C/O VERDI ASSOCIATES GROUP, INC.
541 WARWICK LANE
VENICE, FLORIDA 34293

ARTICLE VII INCORPORATOR

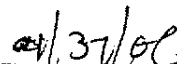
The name and address of the Incorporator is:

ROBERT E. MANNA
P.O. BOX 7421
NORTH PORT FLORIDA 34287

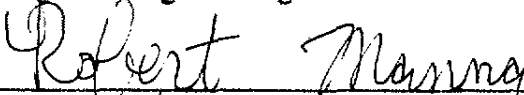
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Date



Signature/Incorporator



Date