

PO6000064330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2005-5-8

## COVER LETTER

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

SUBJECT: Emerald Coast Modular, 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: Louis Manganiello  
Name (Printed or typed)

348 Miracle Strip Parkway SW, Bldg. D, Suite 16A  
Address

Fort Walton Beach, FL 32548-5258  
City, State & Zip

210 269 8659  
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:

EMERALD COAST MODULAR, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

626 Lovejoy Road, Bldg 5g, Fort Walton Beach, 32548

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

construction and sale of buildings, and all other lawful activities.

### ARTICLE IV SHARES

The number of shares of stock is:

1,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Doug Hibbing, 470 Ridgelake Road, Crestview, Fl 32536 President, Director,

### ARTICLE VI REGISTERED AGENT

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

Doug Hibbing, 470 Ridgelake Road, Crestview, Fl 32536

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Doug Hibbing, 470 Ridgelake Road, Crestview, Fl 32536

\*\*\*\*\*  
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

FILED

06 MAY -8 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5/8/06

Date

5/8/06

Date