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200 JUN 16 PN 4: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JUN 1 7 2008

## **COVER LETTER**

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

SUBJECT:	Manasota Business Brokers, Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the ar	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:		Demarest e (Printed or typed)	
	7411 Mill Terr. Address		
	Port Charlotte, Florida 33981 City, State & Zip		
	941-766-7128 Daytime Telephone number		

NOTE: Please provide the original and one copy of the articles.

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SLUTETANY OF STATE TALLAHASSEE, PLORIDA

## 2010 JUN 16 PM 4: 25

### 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:

Manasota Business Brokers, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1249 - C Beach Rd. Englewood, Florida 34223

#### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

To be a Real Estate Office selling businesses in Florida.

#### ARTICLE IV SHARES

The number of shares of stock is: 1000

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Donna Demarest 7411 Mill Terr. Port Charlotte, Florida 33981 D,P,S,T

#### ARTICLE VI REGISTERED AGENT

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

**Donna Demarest** 7411 Mill Terr. Port Charlotte, Florida 33981

#### ARTICLE VII **INCORPORATOR**

The <u>name and address</u> of the Incorporator is:

**Donna Demarest** 7411 Mill Terr. Port Charlotte, Florida 33981

***********	**********
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 as	ent and agree to act in this capacity
	1
Name / Nemorest	le/10/08
Signature/Registered-Agent	Date
Manoma / Namaran	(0/10/08)