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COVER LETTER

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

SUBJECT:	ED MANK		The		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: AUTHONY REID Name (Printed or typed)					
41 (CEVELAM) ST PMB 164					
(LEMWATEN FOR 33755) City, State & Zip					
Daytime Telephone number					
E-mail address: (to be used for future annual report notification)					

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: REID MANASEMENT PRINCIPAL OFFICE ARTICLE II The principal street address and mailing address, if different is: 1530 SAN CHANCES ARTICLE III PURPOSE The purpose for which the corporation is organized is: Billing Fon MEDICAL ARTICLE IV The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): ANTHONY RETO - PRESIDENT (LEVELAND 8T MB / CLEANWATEN FR 33755 411 CLEVELA'ND ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: ANTHONY REID OR DUNEDIN FC 34698 CHARLES 1530 SAN ARTICLE VII INCORPORATOR The name and address of the Incorporator is: ANTHONY CLEVELAND ST PMB/64 CLEMWATER FL 33755 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 /2-8-2009 Date

12-8-2009

ANTHONY REID