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COVER LETTER

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

863-899-1193

mcmannpa@gmail.com

| SUBJECT: MCMAN | IN, P.A. (PROPOSED CORPORA | ATE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
|-------------------------|--|--|---|
| Enclosed are an orig | inal and one (1) copy of the ar | ticles 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 PPY REQUIRED |
| | | e (Printed or typed) | |
| 300 | 1 Bartow Road | Address | |
| Lak | eland, Florida 33803 | | |

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

City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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:

MCMANN, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal **street** address and mailing address, if different is: 3001 BARTOW ROAD

LAKELAND, FLORIDA 33803

ARTICLE III _PURPOSE

The purpose for which the corporation is organized is: LAW FIRM PROVIDING LEGAL SERVICES:

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
MARK D. MCMANN
3001 BARTOW ROAD
LAKELAND, FL 33803
TITLE: PRESIDENT

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: MARK D. MCMANN

3001 BARTOW ROAD LAKELAND, FLORIDA 33803

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: MARK D. MCMANN 3001 BARTOW ROAD

LAKELAND, FLORIDA 33803

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