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(Requestor's Name)				
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

1. Shivere

COVER LETTER

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

SUBJECT:	MANNA	INDUS:	TPIES, NC.			
	(PROPC	SED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)		
Enclosed are an o	riginal and one (1)	copy of the artic	cles of incorporation an	id a check for:		
\$70.00	\$78.75		\$78.75	\$87.50		
Filing Fee	Filing Fee & Certificate	of Status	Filing Fee & Certified Copy	Filing Fee. Certified C		
	CC COMMITTEE	or status	a commed copy	& Certific		
				Status		
			ADDITIONAL C	OPY REQUIR	ED	
	4	/				
FROM:	ANGEL	A Hor	DER			
r ROM.	, , majac	Name	PER (Printed or typed)			
	4	./	DRIVE			
-	3209	HESTER	Address			•
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	TALLAH	19586 F	-(32309		=	
-	171001111	City,	State & Zip	-	NSE =	
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_	850-	Daytime T	lO elephone number			
					ARY SSE	Squares Department
	CCCL	helow an	d for future annual repor			
	E-mail å	ddress: (to be use	d for future annual repor	t notification)	SI SE	O
				:	RATE OF	
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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: MANNA   NDUST	RIES, NC.
ARTICLE II	PRINCIPAL OFFICE	
ARTICLE II	Principal street address	Mailing address, if different is:
	3209 HESTER DRIVE	waning address, it different is.
	TALLAMASSEE, FL	
	32309	
ADDIOLE III	PURPOSE 22	CORPORATION OF
The numose for	PURPOSE  which the corporation is organized is:  ###################################	W & AND MINDITION ING
ינו שבטקונוק שוו ז	WIPMENTSALES, INSTALLATION &	SERVICE
Equ	(IDMENUS) LES, MEMICELA MEN A	SEEVICE
ARTICLE IV		
The number of sh	nares of stock is: /ac	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS	
	Title: 17 NGECH HEOFER PRESONA	ame and Title:
Address:		ddress:
	THUMHASSEE, FL 32309	
	PRESIDENT	
Name and	Title: CHERRY DOUGLAS-VP N	ame and Title:
Address:		ddress:
	TALLAHASSEE FL 32309	
	VICE - PRESIDENT	
	Title:N	
Address:	A	ddress:
		<del></del>
ARTICLE VI	REGISTERED AGENT	PSE =
The name and F	lorida street address (P.O. Box NOT acceptable) of the	registered agent is:
Name:	ANGELA HOPEC	i i i i i i i i i i i i i i i i i i i
Address:	3209 HESTER DRIVE	
	TALLAHASSEE, FL 32369	တို့ အ
	,	man come of the c
ARTICLE VII		
	ddress of the Incorporator is:	က်တြက္ကြား 🗂
Name:	TTMGECT FACT EL	70 ± 10 ± 10 ± 10 ± 10 ± 10 ± 10 ± 10 ±
Address:	ANGELA HOLPEL  3209 HESTER DRIVE TALLAHHISSEE, FL 32369	. <b>33 6</b>
	TALLAHHISDEE, FL 32309	A
Having been na	med as registered agent to accept service of process for	the above stated corporation at the place designated in
	am fgmiliar with and accept the appointment as register	
	12	and the second s
بالر	11001 D	1-3-2011
	Required Signature/Registered Agent	
\		2
I submit this doc	cument and affirm that the facts stated herein are true	z. I am aware that the false information submitted in a
document to the .	Deputtment of State constitutes a third degree felony as	provided for in s.817.155, F.S.
/	1	
	ALMITEC	<u></u>
	Required Signature/Incorporator	Date