## PIIONGUSTS

| (Re                     | equestor's Name)     |                |  |  |
|-------------------------|----------------------|----------------|--|--|
| (Ad                     | dress)               |                |  |  |
| (Ad                     | ldress)              |                |  |  |
| (Cit                    | ty/State/Zip/Phone ≉ | <del>;</del> ) |  |  |
| PICK-UP                 | MAIT                 | MAIL           |  |  |
| (Bu                     | siness Entity Name   | e)             |  |  |
| (Document Number)       |                      |                |  |  |
| Certified Copies        | _ Certificates o     | of Status      |  |  |
| Special Instructions to | Filing Officer:      |                |  |  |
|                         |                      |                |  |  |
|                         |                      |                |  |  |
|                         |                      |                |  |  |
|                         |                      |                |  |  |

Office Use Only



900212219099

11/07/11--01024--018 \*\*70.00

11 NOV -7 PH 3: 21

Ps M

## **COVER LETTER**

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

| SUBJECT:  | YOUT Mann T<br>(PROPOSED CORPORA           | Inc.                                |  |  |  |
|---|--|-------------------------------------|--|--|--|
| ·   | (PROPOSED CORPORA                          | TE NAME – <u>MUST INC</u>           | <u>LUDE SUFFIX</u> )                   |  |  |
| Enclosed are an ori   | iginal and one (1) copy of the arti        | cles of incorporation ar            | nd a check for:                        |  |  |
| \$70.00 Filing Fee  | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | Certified Copy & Certificate of Status |  |  |
|   |  | ADDITIONAL C                        | OPY REQUIRED                           |  |  |
| FROM:   | Perry L                                    | Mann<br>(Printed or typed)          |  |  |  |
|   | 3212 Heron                                 | Lahes Drive                         |  |  |  |
|   | Sanford, File City,                        | 2 3 2 7 7 1<br>State & Zip          |  |  |  |
|   | <u> 407 - 595</u><br>Daytime Т             | - 9956<br>elephone number           |  |  |  |
|   | · ·  |                                     | n                                      |  |  |
| Perry Mann 410 GMail. com  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:  | our Mann Inc.   |                           |   |                                 |
|---|---|---------------------------|---|---------------------------------|
| PRINCIPAL OFFIC  Principal street ac  32(2 Heron La)  San Faral, FL   | idress<br>Hes Orive   | PO. (                     | Mailing address, if differ Box 471318  Monroe, FL 3 |                                 |
| ARTICLE III PURPOSE  The purpose for which the corporation is  Landscape 5 en  Clients.                                   | organized is: To provides to compa                                | ovide l<br>nies a         | lown care   | and<br>mtial                    |
| ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS  | )<br>S AND/OR DIRECTORS   |                           |   |                                 |
| Name and Title: Perry Mann Address:   | CEO, fraident   | Name and Title:_ Address: |   |                                 |
| Name and Title: Address:  |   |                           |   |                                 |
| Name and Title:Address:   |   |                           |   | DIVISION                        |
| ARTICLE VI REGISTERED AGE   | <b>ENT</b>  |                           |   | -7                              |
| The name and Florida street address (P.C. Name:   | D. Box NOT acceptable) of the                                     | e registered agen         | t is:   | RY OF SIATE CORPORATION PM 3: 2 |
| ARTICLE VII INCORPORATOR  |   |                           |   | SRC                             |
| The name and address of the Incorporator Name:  Address:  Derry Management of the Incorporator  Name:  3212 Here  Sanfard | is:<br>onn<br>on Lakes Orive<br>FL 32771                          |                           |   |                                 |
| Having been named as registered agent to<br>this certificate, I am familiar with and acc                                  | o accept service of process fo<br>ept the appointment as registe  | ered agent and a          |   |                                 |
| _ the   |   |                           |   | 14-11                           |
| Required Signar   | ture/Registered Agent   | <u>-</u>                  |   | Date                            |
| I submit this document and affirm that to<br>document to the Department of State const                                    | he facts stated herein are tri<br>titutes a third degree felony a | ie. I am aware i          | s.817.155, F.S.                                     |                                 |
| Required Sign   | nature/Incorporator   |                           |   | -/-//<br>Date                   |