

P120000021562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

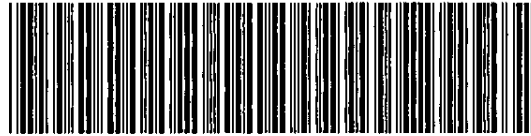
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800223463188

03/02/12--01012--023 \*\*87.50

FILED  
12 MAR -2 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

124

## COVER LETTER

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

SUBJECT: TIMOTHY J. MANKO, P.A.

(PROPOSED CORPORATE NAME - MUST INCLUDE 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  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Timothy J. Manko

Name (Printed or typed)

506 Tivoli Court

Address

Altamonte Springs, FL, 32701

City, State & Zip

407-488-0076

Daytime Telephone number

timothymanko@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:

TIMOTHY J. MANKO, P.A.

FILED

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
506 TIVOLI CT  
ALTAMONTE SPRINGS  
FLORIDA, 32701

12 MAR -2 PM 1:57

Mailing address, if different is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

I AM A REAL ESTATE PROFESSIONAL.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: TIMOTHY J. MANKO - PRESIDENT

Address: 506 TIVOLI CT  
ALTAMONTE SPRINGS  
FLORIDA 32701

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: TIMOTHY J. MANKO  
Address: 506 TIVOLI CT  
ALTAMONTE SPRINGS, FL 32701

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: TIMOTHY J. MANKO  
Address: 506 TIVOLI CT  
ALTAMONTE SPRINGS, FL 32701

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

2/28/2012

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature/Incorporator

2/28/2012

Date