

P12000056778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

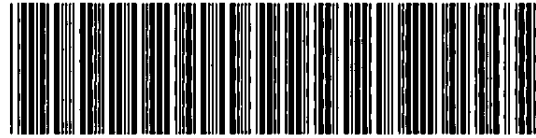
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILING CANCELLED
RETURNED CHECK

06/25/12--01008--003 **70.00

RECEIVED

2012 JUN 25 AM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

12 JUN 25 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 06/25/12

COVER LETTER

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

SUBJECT: Manzano Flooring, Inc.
(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: Martin Manzano
Name (Printed or typed)

2915 B Grady Rd.
Address

Tallahassee FL 32312
City, State & Zip

850 5596565
Daytime Telephone number

Cristimanzo@yahoo.com
E-mail address: (to be used for future annual report notification)

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

FILING CANCELLED
RETURNED CHECK

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: MANZANO Flooring, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2915 B Grand Rd.
Tallahassee FL
32312

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Martin Manzano Pres.</u>	Name and Title: _____
Address: <u>2915 B Grand Rd</u>	Address: _____
<u>Tallahassee FL</u>	_____
<u>32312</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: MARTIN MANZANO
Address: 2915 B Grand Rd
Tallahassee FL 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARTIN MANZANO
Address: 2915 B Grand Rd
Tallahassee FL 32312

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

Martin Manzano
Required Signature/Registered Agent

6/25/12
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.

Martin Manzano
Required Signature/Incorporator

6/25/12
Date

12 JUN 25 PM 12:15
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE