

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H12000179181 3)))



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To: Division of Corporations
Fax Number : (850) 617-6381

002176-169445

From: Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MANI MILANO, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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12 JUL 10 PM 12:53
SECRETARY OF STATE
DIVISION OF CORPORATIONS

RECEIVED
12 JUL 10 PM 3:24
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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

7/11/12

H12000179181 3

COVER LETTER

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

SUBJECT: Mani Milano, 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: Fabrizio Mani
Name (Printed or typed)
1500 Bay Road, #516S
Address
Miami Beach, Florida 33139
City, State & Zip
(305) 495-1316
Daytime Telephone number
f.mani@tin.it
E-mail address: (to be used for future annual report notification)

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

H12000179181 3

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H120001791813
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

Mani Milano, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1500 Bay Road

#516S
Miami Beach, Florida 33139

Mailing address, if different is:
SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Transacting any and all lawful business for which corporations may be formed under the Florida Business Corporation Act, and all amendments and supplements thereto, or any law enacted to take the place thereof.

ARTICLE IV SHARES

One thousand shares of common stock
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Fabrizio Mani, President

Address: 1500 Bay Road
Suite 516S
Miami Beach, Florida 33139

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: Fabrizio Mani

Address: 1500 Bay Road, Suite 516S
Miami Beach, Florida 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Fabrizio Mani

Address: 1500 Bay Road, Suite 516S
Miami Beach, Florida 33139

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

7/6/12

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.



Required Signature/Incorporator

7/6/12

Date

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