

COVER LETTER

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

SUBJECT: Moran Management Of Tampa 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: Moran Management Of Tampa Inc
Name (Printed or typed)
2547 Mason Oaks Dr
Address
Valrico, FL 33596
City, State & Zip
813-362-2435
Daytime Telephone number
Info@larrycuppett.com
E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 NOV 26 PM 12:36

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: **Moran Management Of Tampa Inc**

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ARTICLE II PRINCIPAL OFFICE

Principal street address
2547 Mason Oaks Dr
Valrico, Fl 33596

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct any and all legal activities in the State of Florida including management services related to businesses or real estate.

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Francis D Moran, President	Name and Title: _____
Address: 2547 Mason Oaks Dr	Address: _____
Valrico, Fl 33596	_____
_____	_____
_____	_____
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: Francis D Moran
Address: 2547 Mason Oaks Dr
Valrico, Fl 33596

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Francis D Moran
Address: 2547 Mason Oaks Dr
Valrico, Fl 33596

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

[Signature] _____ 11/20/2012 _____
Required Signature/Registered Agent 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.

[Signature] _____ 11/20/2012 _____
Required Signature/Incorporator Date