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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

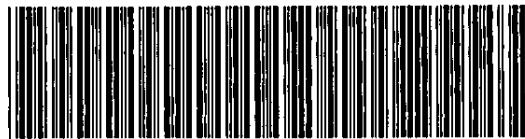
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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04/04/13--01005--004 \*\*78.75

13 APR 22 PM 2:18  
H.H.F.D.  
S E C R E T A R Y O F S T A T E  
D I V I S I O N O F C O R P O R A T I O N S

13 APR 22

PS4/23/13



RECEIVED

13 APR 22 PM 4:17

FLORIDA DEPARTMENT OF STATE

Division of Corporations

April 5, 2013

HANNA RAMZAN MANZUR  
4154 WATERLOO PLACE  
MELBOURNE, FL 32940

SUBJECT: HANNA RAMZAN MANZUR  
Ref. Number: W13000019985

We have received your document for HANNA RAMZAN MANZUR and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith  
Regulatory Specialist II

Letter Number: 313A00008101

## COVER LETTER

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

**SUBJECT:** Hanna Ramzan Manzur, 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       \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

\$78.75       \$87.50  
Filing Fee      Filing Fee,  
                    & Certified Copy      Certified Copy  
                    Status      & Certificate of  
                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Hanna Ramzan Manzur  
Name (Printed or typed)

**4154 Waterloo Place**  
Address

**Melbourne, FL. 32940**  
City, State & Zip

**321-506-9774**  
Daytime Telephone number

**Hanna.R.Manzur@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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: Hanna Ramzan Manzur, P.A.

13 APR 22 PM 2:18

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4154 Waterloo Place

Melbourne, FL. 32940

Mailing address, if different is:

Same as Principal street address

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: I am an attorney and I will be providing legal services under this corporation.

**ARTICLE IV SHARES**

The number of shares of stock is: 3

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

Name and Title: Hanna R. Manzur

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

Address: 4154 Waterloo Place

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

Melbourne, FL. 32940

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

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

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

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

(cont.)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Name and Title: \_\_\_\_\_ Name and Title: 13 APR 22 PM 2:18

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

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\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Hanna R. Manzur  
Address: 4154 Waterloo Place  
Melbourne, FL. 32940

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Hanna R. Manzur  
Address: 4154 Waterloo Place  
Melbourne, FL. 32940

*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*

J. R. M.  
\_\_\_\_\_  
Required Signature/Registered Agent

04/01/13  
\_\_\_\_\_  
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.*

J. R. M.  
\_\_\_\_\_  
Required Signature/Incorporator

04/01/13  
\_\_\_\_\_  
Date