

P14 000031380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

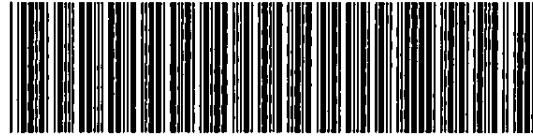
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 APR -4 AM 10:15

POWS  
4/8/14

## COVER LETTER

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

SUBJECT: **CATHLEEN MANN 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: **CATHLEEN L MANN**

Name (Printed or typed)

**10538 S FORK LOOP**

Address

**PANAMA FL ~~32402~~ 32404**

City, State & Zip

**850-624-5290**

Daytime Telephone number

**TENYANKEE@EARTHLINK.NET**

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: CATHLEEN MANN INC

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is:

10538 S FORK LOOP

PANAMA CITY, FL 32402  
32404

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: CONSULTANT ON COMPUTER OPERATIONS

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**ARTICLE IV SHARES** 100  
The number of shares of stock is: 100

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

Name and Title: CATHLEEN MANN, PRESIDENT

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

Address 10538 S FORK LOOP

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

PANAMA CITY, FL 32402  
32404

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

(conti.)

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: CATHLEEN L MANN

Address: 10538 S FORK LOOP

PANAMA CITY FL ~~32402~~  
32404

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CATHLEEN L MANN

Address: 10538 S FORK LOOP

PANAMA CITY FL ~~32402~~  
32404

*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*

*Cathleen L. Mann*

Required Signature/Registered Agent

03/27/2014

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.*

*Cathleen L. Mann*

Required Signature/Incorporator

03/27/2014

Date