

COVER LETTER

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

SUBJECT: **AENEUMAN, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: **The Cragesmure Trust**

Name (Printed or typed)

17469 SE 76th Flintlock Terrace

Address

The Villages, FL 32162

City, State & Zip

310-418-0755

Daytime Telephone number

bwarnke@cragesmure.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)

ARTICLE I NAME

The name of the corporation shall be: AENeuman, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

17469 SE 76th Flintlock Terrace
The Villages, FL 32162

Mailing address, if different is:

1576 Bella Cruz Drive
Suite 317
The Villages, FL 32159

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Warnke, President

Address: 17469 SE 76th Flintlock Terrace
The Villages, FL 32162

Name and Title: _____

Address: _____

Name and Title: Robert Warnke, Treasurer

Address: 17469 SE 76th Flintlock Terrace
The Villages, FL 32162

Name and Title: _____

Address: _____

Name and Title: Robert Warnke, Secretary

Address: 17469 SE 76th Flintlock Terrace
The Villages, FL 32162

Name and Title: _____

Address: _____

OCT 28 PM 12:36

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(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: Maxine Ellickson
Address: 17469 SE 76th Flintlock Terrace
The Villages, FL 32162

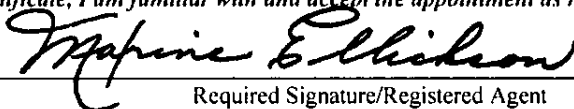
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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: The Cragesmure Trust
Address: 17469 SE 76th Flintlock Terrace
The Villages, FL 32162

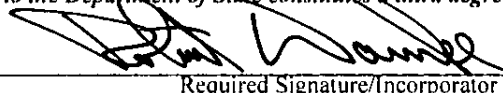
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

10/27/2014

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.


Required Signature/Incorporator

10/27/2014

Date