

Division of Corporations

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P160000062153

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

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**FLORIDA PROFIT/NON PROFIT CORPORATION
MANOMIND INC.**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

7/27/16

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Corporate Filing Menu

Help

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: MANOMIND INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address
1000 5TH ST, STE 200

MIAMI BEACH, FL 33139

Mailing address, if different is:
MELYNDA TEDDER
458 SOUTH 3RD ST
MACCLENNY, FL 32063

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: GENERAL BUSINESS PURPOSE

ARTICLE IV SHARES 10,000 shares at \$.10 par value
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MELYNDA TEDDER, PRESIDENT Name and Title: _____

Address 458 SOUTH 3RD ST Address: _____

MACCLENNY, FL 32063

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE FLORIDA

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: MELYNDA TEDDER
Address: 458 SOUTH 3RD ST
MACCLENLY, FL 32063

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MELYNDA TEDDER
Address: 458 SOUTH 3RD ST
MACCLENLY, FL 32063

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Melinda Tedder
Required Signature/Registered Agent

7-25-2016
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.

Melinda Tedder
Required Signature/Incorporator

7-25-2016
Date