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equestor's Name)				
(Address)				
ddress)				
(City/State/Zip/Phone #)				
☐ WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certificates	of Status			
Special Instructions to Filing Officer:				
	ddress) ty/State/Zip/Phone WAIT usiness Entity Nan ocument Number) Certificates			

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SECRETARY OF STATE
OIVISION OF CORPORATION
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COVER LETTER

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

	nagement Resources, Inc.		
30B3EC1	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
FROM:	ernon W. Wilson Nam	e (Printed or typed)	
484	4 Ft Pickens Rd		
		Address	
Per	nsacola Beach, FL 32561		
	City	, State & Zip	
228	3 - 314 - 0622		
	Daytime 7	Telephone number	
wil	sonvw1@gmail.com		
	E-mail address: (to be use	ed for future annual report r	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)

<u>ICLE II PRI</u>	NCIPAL OFFICE Principal <u>street</u> address	Mailing address, if different is:	
Ft Pickens Rd			
sacola Beach, FL			
TICLE III PUR purpose for whice	POSE h the corporation is organized is:		
sourcing and remo	te consulting basis to assist clients in ma	kimizing their return on investment.	
			10 10 15 15 15 15 15 15 15 15 15 15 15 15 15
			SEP SEP
			-6
TICLE IV SILA number of shares	RES 100 of stock is:		PH 2
)7A710 2: 13
	IAL OFFICERS AND/OR DIRECTORS Vernon W. Wilson (CEO)		Š
Address 484 Ft	484 Ft Pickens Rd	Name and Title:	
	Pensacola Beach, FL 32561	Address.	
Name and Title:	Jennifer Mullins (COO)	Name and Title:	
	484 Ft Pickens Rd		
	Pensacola Beach, FL 32561		
Name and Ti	Michael W. Witson (CFO)	Name and Title:	
Name and Ti	le:		

Name	and Title:	Name and Title:	_
Addre	ess	Address:	_
			_
ARTICLE VI The name and	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT accept	table) of the registered agent is:	
Name:	Jennifer Mullins		
Address:	484 Ft Pickens Rd		
	Pensacola Beach, FL 32561		
<u>ARTICLE VII</u>	INCORPORATOR	9) Vigo	ą A
The name and	address of the Incorporator is:	833 833	e n
Name:	Vernon W. Wilson	6	7.5
Address:	484 Ft. Pickens Rd	 	۲ ۲
	Pensacola Beach, FL 32561		S
			7
Effective date,	EFFECTIVE DATE: if other than the date of filing:	. (OPTIONAL)	
(If an effective days after the		cannot be more than five business days prior or 90 business	5
Note: If the da		licable statutory filing requirements, this date will not be listed a cords.	as
Having been no this certificate.	amed as registered agent to accept service of a temporal factor of the service of the appointment of the app	process for the above stated corporation at the place designated t as registered agent and agree to act in this capacity	l in
	Required Signature/Registered Age	nt Date	_
	ocument and affirm that the facts stated here Department of State constitutes a third degre	rin are true. I am aware that the false information submitted in the felony as provided for in s.817.155, F.S.	n a
	smon W. Ulikan	8/31/16	
Req	uired Signature/Incorporator	- Date	_