

P17000069354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

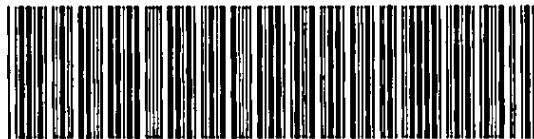
(Business Entity Name)

(Document Number)

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

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17 JUL 19 04 9:29

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U.S. DEPT. OF JUSTICE  
FBI - NEW YORK  
JUL 19 2017

AUG 17 2017

D CUSHING

## COVER LETTER

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

SUBJECT: 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: ROBERT MCLEOD  
Name (Printed or typed)

16659 LUCARNO WAY  
Address

NAPLES, FL 34110  
City, State & Zip

239-877-7594  
Daytime Telephone number

ROB@R+M LLC. CO  
E-mail address: (to be used for future annual report notification)

FILED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314  
JUN 11 2009

**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)

RECEIVED  
17 MAR 14 PM 9:29  
FLORIDA SECRETARY OF STATE  
CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: MANN INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1497 RAIL HEAD BLVD.  
NAPLES  
FL 34110

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
TO PROVIDE WINDOW CLEANING AND ASSOCIATED  
SERVICES TO BOTH RESIDENTIAL AND COMMERCIAL  
CUSTOMERS IN THE SOUTH WEST FLORIDA REGION

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: SUSAN SUMNER, PRESIDENT

Address: 1497 RAILHEAD BLVD.  
NAPLES  
FL 34110

Name and Title: ROBERT MCLEOD, VICE PRESIDENT

Address: 16659 LUCARNO WAY  
NAPLES  
FL 34110

Name and Title: WILLIAM JONATHAN, GENERAL MGR

Address: 1497 RAILHEAD BLVD  
NAPLES  
FL 34110

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

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

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

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

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: SUSAN SUMNER

Address: 1497 RAIL HEAD BLVD  
NAPLES, FL 34110

**ARTICLE VII INCORPORATOR**

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

Name: ROBERT MCLEOD

Address: 16659 LUGARNO WAY  
NAPLES, FL 34110


**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 days prior or 90 days after the filing.)

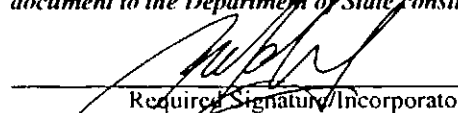
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature/Registered Agent

7/26/2017  
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

7/26/2017  
Date