

PI9000071191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

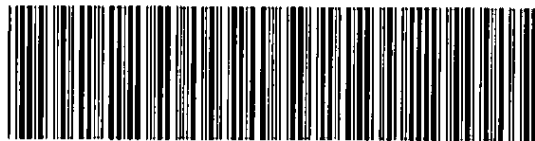
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Certified Copies ☒

Certificates of Status ☒

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S TALLI N.
SEP 18 2019

FILED
2019 SEP -6 AM 11:22
SEP 10 2019

COVER LETTER

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

SUBJECT: MANATEE CPR & FIRST AID TRAINING, 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: GLENN ARONOWITZ

Name (Printed or typed)

4407 TROUT RIVER XING

Address

ELLENTON, FLORIDA 34222

City, State & Zip

(805) 890-9399

Daytime Telephone number

garonowitz@comcast.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: MANATEE CPR & FIRST AID TRAINING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4407 TROUT RIVER XING

ELLENTON, FLORIDA 34222

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To perform any and all legal activities as prescribed by law
including, but not limited to the training in the art of CPR and other first aid techniques.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GLENN ARONOWITZ--PRESIDENT

Address: 4407 TROUT RIVER XING

ELLENTON, FL 34222

Name and Title: KIM ARONOWITZ--VP/SEC.

Address: 4407 TROUT RIVER XING

ELLENTON, FL 34222

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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2019 SEP -6 AM 11:22
CLERK OF DISTRICT COURT
MANATEE COUNTY, 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: GLENN ARONOWITZ

Address: 4407 TROUT RIVER XING

ELLENTON, FL 34222

ARTICLE VII INCORPORATOR

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

Name: GLENN ARONOWITZ

Address: 4407 TROUT RIVER XING

ELLENTON, FL 34222

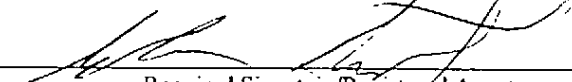
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8/15/19 (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

8/15/19

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

8/15/19

Date