P190000 804193

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | = #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



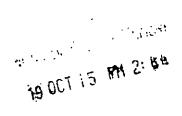
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COVER LETTER



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

| SUBJECT: JOSEP | H MANSON INC | | |
|-------------------------|----------------------------------------------|------------------------------------|-------------------------|
| SUBJECT: | (PROPOSED CORPOR) | VTE NAME - <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | inal and one (1) copy of the an | ticles of incorporation and | d a check for: |
| ■ \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | S78.75 Filing Fee & Certified Copy | & Certificate of Status |
| | | ADDITIONAL CO | DPY REQUIRED |
| FROM: | SEPH MANSON Nam | e (Printed or typed) | |
| 132 | 1 NE 172ND ST | | |
| | | Address | |
| NO | RTH MIAMI BEACH, FL 33162 | | |
| | City | . State & Zip | |
| (30: | 5) 409-7774 | | |
| | Daytime 1 | Felephone number | |
| STE | EVEM1321@AOL.COM | | |
| | E-mail address: (to be use | ed 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), +3

| ARTICLE I NAME The name of the corporat | JOSEPH MANSON INC. | | 10 OCT 15 PM 2: 4" |
|------------------------------------------------|-------------------------------|-----------------|------------------------------|
| ARTICLE II PRINC | | Mailir | ng address, if different is: |
| 1321 NE 172ND ST | | | |
| NORTH MIAMI BEAC | · : : | | |
| ARTICLE III PURPO The purpose for which the | | | |
| | | | |
| - | | | |
| | | | |
| | | | |
| | | | |
| Address | | Address: | |
| | NORTH MIAMI BEACH, FL 33162 | | |
| Name and Title: | | Name and Title: | |
| Address | | Address: | |
| | | | - |
| Name and Title: | | | |
| Address | | | _ |
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|---------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------|
| Name and | d Title: | Name and Title: 45 OCT 15 PA & |
| Address | | Address: |
| | | |
| | | |
| | | |
| ADTICUE IN | hesietenen went | |
| | <i>REGISTERED AGENT</i> l <mark>orida street address</mark> (P.O. Box NOT acceptable |) of the registered agent is: |
| Name: | JOSEPH MANSON | |
| Address: | 1321 NE 172ND ST | |
| | NORTH MIAMI BEACH, FL 33162 | |
| | | |
| ARTICLE VII | <u>INCORPORATOR</u> | |
| The name and ad | dress of the Incorporator is: | |
| Name: | JOSEPH MANSON | |
| Address: | 1321 NE 172ND ST | |
| | NORTH MIAMI BEACH, FL 33162 | - - |
| | - '- | |
| ARTICLE VIII | EFFECTIVE DATE: other than the date of filing: | (CAPTICANA LA |
| (If an effective d | ate is listed, the date must be specific and car | |
| filing.) | | |
| | inserted in this block does not meet the applical ffective date on the Department of State's record | |
| Havina haan n | ned as registered agent to accept service of proc | one for the above stand assessed as |
| this certificate, I | am familiar with and accept the appointment as | registered agent and agree to act in this capa |
| Jul | m- | 10/1 |
| 77 | Required Signature/Registered Agent | |
| I submit this doc | ument and affirm that the facts stated herein o Department of State constitutes a third degree fe | ire true. I am aware that the false informati |
| | • | |
| Pagui | red Signature/Incorporator | |
| / Kequi | | |