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Division of Corporations

Fax Number : (850)617-6381

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Account Number : 104662003400

Phone : (516)935-3940

Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: HARRY@samuelsaccounting.com

FLORIDA PROFIT/NON PROFIT CORPORATION MANNA L SALES AND SERVICE INC

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

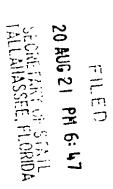
The name of the corporation shall be:

MANNA L SALES AND SERVICE INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1671 NE 33 STREET APT 11 POMPANO BEACH, FL 33064



ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at no par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Harry M. Samuels 2901 Stirling Road, # 307 Fort Lauderdale, FL 33312

Prepared By: Bruce B. Hubbard 238 WEST JERICHO TURNPIKE HUNTINGTON STATION, NY 11746

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ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

LEE EVENS ALCIME-PRESIDENT/ DIRECTOR 1671 NE 33 ST APT 11, POMPANO BEACH, FL 33064

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

LEE EVENS ALCIME-1671 NE 33 ST APT 11, POMPANO BEACH, FL 33064

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

21ST day of AUGUST 20 20

LEE EVENS ALCIME

Signature

20 AUG 21 PM 6: 4

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: MA	NNA L SALES AND SERVICE INC	
2. The name and address of the registered	d agent and office is:	
_	Harry M. Samuels	
	Name	
_	2901 Stirling Road, # 307	
	(P.O. Box or Mail Drop Box NOT Acceptable)	
	Fort Lauderdale, FL 33312	
	(City / State / Zip)	
corporation at the place designated in agent and agree to act in this capacity relating to the proper and complete peobligations of my position as registered	nt and to accept service of process for the above stated this certificate, I hereby accept the appointment as registed. I further agree to comply with the provisions of all the start and am familiar with and accept ad agent. FLORIDA FLORIDA	d utes
Harry M. Samuels SIGNATURE	(Date)	