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 Florida Department of State
 Division of Corporations
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Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
 MARKMANZANO40S STORE INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

HL

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: MARKMANZANO40S STORE INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

28060 CREST PRESERVE CIRCLE APT 2207BONITA SPRINGS, FL 34135**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: SPORTS CARDS AND MEMORABILIA SALES**ARTICLE IV SHARES**

200

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Mark Anthony Manzano, President

Name and Title: _____

Address 8060 Crest Preserve Circle Apt 2207

Address: _____

Bonita Springs, Florida 34135

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Mark Anthony Manzano
 Address: 28060 CREST PRESERVE CIRCLE APT 2207
BONITA SPRINGS, FL 34135

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: STEPHAN MONEREAU
 Address: 100 WALL STREET STE 503
NEW YORK, NY 10005

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

2-10-22
 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

02/09/2022
 Date

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