

3/31/22, 4:53 PM

Division of Corporations

P22000023795

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000118922 3)))



H220001189223ABC.

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 MAR 31 PM 7:33

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RECEIVED
2022 MAR 31 PM 5:09
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
MANATEE HOME IMPROVEMENTS INC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

S. CHATHAM
MAR 31 2022

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) (((H22000118922 3)))

ARTICLE I NAMEThe name of the corporation shall be: MANATEE HOME IMPROVEMENTS INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1387 ALUET LANEORMOND BEACH, FL 32174**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JOHN NORRIS - PRESIDENT

Name and Title: _____

Address 1387 ALUET LANE

Address: _____

ORMOND BEACH, FL 32174

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

22 MAR 31 PM 7:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**FILED**

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: JOHN NORRIS
 Address: 1387 ALUET LANE
ORMOND BEACH, FL 32174

FILED
 22 MAR 31 PM 7:33
 SECRETARY OF STATE
 TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOHN NORRIS
 Address: 1387 ALUET LANE
ORMOND BEACH, FL 32174

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

JOHN NORRIS 03/31/2022
 Required Signature/Registered Agent 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.

JOHN NORRIS 03/31/2022
 Required Signature/Incorporator Date