

P24000071245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

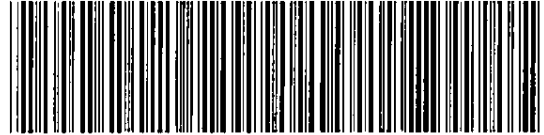
(Business Entity Name)

(Document Number)

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STATE
HALLAMSSUE, FL

MS

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$ 70.00

Authorization Signature: 

Mangieri Electric, Inc

Business Name

#Document

 Walk in

 Will wait

 Certified Copies of the Articles of Incorporation

 Certificate of Status

NEW FILINGS

 Profit
 Not for Profit
 LLC
 Domestication
 X INC
 CORP
 OTHER

AMENDMENTS

 Amendment
 Resignation of R.A.
 Change of Registered Agent
 Dissolution/Withdrawal
 Conversion
 Statement of FACT
 Merger

OTHER FILINGS

 Annual Report
 Fictitious Name
 Statement of Authority
 APOSTIL
 COUNTRY

REGISTRATION/QUALIFICATIONS

 Foreign Filing
 Partnership
 Reinstatement
 CORRECTION for a Foreign LLC
 Domestication of a Foreign Corp.
 Other

EXAMINER'S INITIALS:

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Authorization Signature: *Joe Fuler*

Mangieri Electric, Inc

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☐ _____ Other

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: M A N G I E R I E L E C T R I C I N C
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FILED

FROM: DAVID A SNYDER

Name (Printed or typed)

4067 NW 35TH WAY

Address

LAUDERDALE LAKES FL 33309

City, State & Zip

754-245-2958

Daytime Telephone number

electricmangieri@gmail.com

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: M A N G I E R I E L E C T R I C I N C

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4067 NW 35TH WAY LAUDERDALE LAKES FL 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

THE CORPORATION IS ORGANIZED FOR ANY AND ALL

LAWFUL BUSINESS UNDER THE LAWS OF THE STATE

OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID A SNYDER CEO

Name and Title: _____

Address 4067 NW 35TH WAY

Address: _____

LAUDERDALE LAKES FL 33309

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
STATE OF 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: DAVID A SNYDER
Address: 4067 NW 35TH WAY
LAUDERDALE LAKES FL 33309

ARTICLE VII INCORPORATOR

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

Name: DAVID A SNYDER
Address: 4067 NW 35TH WAY
LAUDERDALE LAKES FL 33309

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DEPARTMENT OF STATE
TALLAHASSEE, FL

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

David A Snyder 11/20/2024
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.

David A Snyder 11/20/2024
Required Signature/Incorporator Date