

P250000000205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

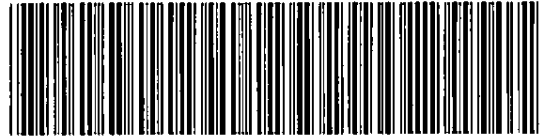
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100441641181

2005 JAN -3 PM 2:14

2005 JAN -3 PM 2:14

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 01/03/2025

NAME: MANNON HOLDINGS, INC.

TYPE OF FILING: ARTICLES

COST: 78.75

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

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

SUBJECT: Mannon Holdings, Inc.

(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

FROM: Mary Campbell

Name (Printed or typed)

104 S Main Street, Suite 900

Address

Greenville SC 29601

City, State & Zip

864-282-1180

Daytime Telephone number

mcampbell@maynardnexsen.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: Mannon Holdings, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1830 Jack Delozier Dr., Sevierville, TN 37876

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any legal business purpose

ARTICLE IV SHARES

The number of shares of stock is: 10,000 Authorized Common Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joey R. Mannon, Jr., Director, Treasurer

Name and Title: _____

Address 1830 Jack Delozier Dr., Sevierville, TN 37876

Address: _____

Name and Title: Jonathan Mannon, Director, President

Name and Title: _____

Address 1830 Jack Delozier Dr., Sevierville, TN 37876

Address: _____

Michael Pollard, Director, Secretary

Name and Title: _____

Name and Title: _____

Address 1830 Jack Delozier Dr., Sevierville, TN 37876

Address: _____

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: Jonathan Mannon

Address: 29 Saint Thomas Ct

Miramar Beach, FL 32550

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jonathan Mannon

Address: 1830 Jack Delozier Dr.,

Sevierville, TN 37876

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

DocuSigned by
JONATHAN MANNON

1/2/2025

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.

DocuSigned by
JONATHAN MANNON

1/2/2025

Required Signature/Incorporator

Date