

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1 800-342-8062
 FAX (904) 222-1222

RE: Mani, Inc.

95 FEB 3 1995 C.C. FEE. DISBURSED

NAME _____
 FIRM _____
 ADDRESS _____

PHONE _____

Service: ☐ Priority ☐ Regular
☐ One Day Service ☐ Two Day Service

To us via _____ Return via _____

Matter No. _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

Capital Expenses

Art of Inc. File

Corp. Record Search

UCC 1 or 3 File

Foreign Corp. File

(Cert. Copy)

Art of Annual File

Dissolution/Withdrawal

C U B-

Fictitious Name File

SUBTOTALS

FEE..... \$

DISBURSED..... \$

SURCHARGE..... \$

TAX on corporate supplies..... \$

SUBTOTAL..... \$

PREPAID..... \$

BALANCE DUE..... \$

_____ \$

_____ \$

_____ \$

_____ \$

_____ \$

_____ \$

_____ \$

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

FEB 3 1995 BSB

REQUEST TAKEN CONFIRMED APPROVED

DATE

TIME

BY

CK No.

WALK-IN
 Will Pick Up

ARTICLES OF INCORPORATION
OF
MANI, INC.

FILED
FEB -3 PM 12:31
SECRETARY OF STATE
FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I. NAME

The name of the corporation shall be:

MANI, INC.

The principal place of business of this corporation shall be: 22 NORTH FORT HARRISON AVENUE, CLEARWATER, FLORIDA 34615. The mailing address of this corporation shall be: 22 NORTH FORT HARRISON AVENUE, CLEARWATER, FLORIDA 34615.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 10,000 shares of common stock have \$1.00 per value per share.

ARTICLE IV. TERM OF EXISTENCE

The corporation is to exist perpetually.

ARTICLE V. OFFICERS DIRECTORS

This corporation is to have one director and officer, initially. The name and street address of the initial director and officer who shall hold office for the first year of the corporation's existence, or until his successor is elected or appointed is:

John Karamanos
President

22 North Ft. Harrison Avenue
Clearwater, Florida 34615

ARTICLE VI. INCORPORATOR

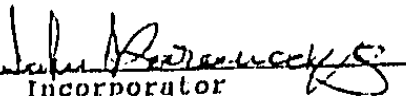
The name and street address of the incorporator to this Articles of Incorporation is:

John Karamanos

22 North Ft. Harrison Avenue
Clearwater, Florida 34615

IN WITNESS WHEREOF, the undersigned incorporator has executed these
Articles of Incorporation this 2nd day of FEBRUARY,
1995.

Signature of Incorporator


Incorporator

STATE OF FLORIDA

COUNTY OF PINELLAS

THE FOREGOING instrument was acknowledged and sworn to before me
this 2nd day of FEBRUARY, 1995, by John Karamanos of
MANI, INC.

Notary Public


My Commission Expires: 11/7/98

PETER MAKRIS
Notary Public, State of Florida
My Comm. Expires Apr. 7, 1998
No. CC 362583
Bonded thru Official Notary Service

CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

25 FEB -3 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

MANI, INC.

2. The name and address of the registered agent and office is:

Name: JOHN KARAMANOS

Address: 22 NORTH FT. HARRISON AVENUE

City: CLEARWATER

State: FLORIDA Zip: 34615

SIGNATURE *John Karamanos*
(Corporate Officer)

TITLE: PRESIDENT

DATE: 2/2/95

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE *John Karamanos*

DATE: 2/2/95