NSM TAL

Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL- 32314

80000300378i -10/04/99_-01065 *****87.50 *****87.50

99 OCT -4 PH 12: 39

5& M Management, Inc. SUBJECT:

(Proposed corporate name - must in

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee

\$78.75 Filing Fee & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: NEIL J. M.//r/Jr Name (Printed or typed)

<u>305 Sanopiper Dr.</u> Address CASSelberry Florerba City, State & Zip 32707

407-699-2122 Daytime Telephone number

EFFECTIVE DAT

NOTE: Please provide the original and one copy of the articles.

T BROWN OCT - 6 1999.

ARTICLES OF INCORPORATION

SECRET A PHILE: 39 The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation-

ARTICLE I: NAME

The name of the corporation shall be "S&N Management, Inc."

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be: 1015

Highway 17-92 South, Longwood, Florida 32750

ARTICLE III: SHARES

The corporation is authorized to have and issue 50,000 shares of stock.

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

The corporation's registered agent is Neil Miller, 305 Sandpiper Drive, Casselberry,

Florida 32707.

ARTICLE V: EFFECTIVE DATE

The effective date of incorporation shall be September 27, 1999.

ARTICLE VI: INCORPORATOR

Neil Miller 305 Sandpiper Drive, Casselberry, Florida 32707

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I an familiar with and accept the obligations of my position as registered agent. Date: / D Signature/registered agent.