## P11000015474

(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



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SECRETARY OF STATE

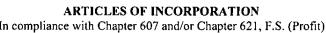


## **COVER LETTER**

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

SUBJECT: Eco Stone Inc		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation an	nd a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
	ADDITIONAL C	OPY REQUIRED
FROM: Matthew Johnson Name	(Printed or typed)	
2720 se 7th ct	A.J.1	
Ocala Fl 34471	Address State & Zip	
352 857 4808  Daytime T	elephone number	
mjohnson109@cox.net E-mail address: (to be use	d for future annual repor	t notification)

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





p <sup>©</sup> -r• <b>#</b>	in compliance with Chapter 607	and/or Chapter 621, F.S. (Profit)
	NAME Eco Stone Inc	11 FEB     PH  :   6
The name of the co	orporation shall be:	77
ARTICLE II	PRINCIPAL OFFICE	SECRETARY OF STATE Mailing address, in the SEE s: FLORIDA
	Principal street address	Mailing address, if differences: Floring
	2720 se 7th ct	CONIUA
).	Ocala Fl 34471	
ARTICLE III	PURPOSE	
The purpose for w	which the corporation is organized is:	processed from recycled and new materials for
	ares of stock is: 500	
	INITIAL OFFICERS AND/OR DIRECT	
		Name and Title:
Address:	2720 se 7th ct	
	Ocala Fl 34471	
Name and T	itle:	Name and Title:
Address:		Address:
NI 1 77	2241	No
Address:	itte:	Name and Title:
Addicss.		Address.
	·	
	REGISTERED AGENT	
	orida street address (P.O. Box NOT acceptable	
Name:	Matthew Johnson	
Address:	2720 se 7th ct	<del></del>
	Ocala Fl 34471	<del></del>
ARTICLE VII	INCORPORATOR	
	dress of the Incorporator is:	
Name:	Matthew Johnson	
Address:	2720 se 7th ct	<del></del>
	Ocala Fl 34471	<u> </u>
		ocess for the above stated corporation at the place designated i
tnis certificate, 1 a	m familiar with and accept the appointment as	registered agent and agree to act in this capacity
MHE		010010044
- 1/2N11 J	<u> </u>	2/09/2011
$\nu$	Required Signature/Registered Agent	Date
I submit this door	umont and affirm that the facts stated benefit	are true. I am aware that the false information submitted in
	oment and affirm that the facts stated herein Department of State constitutes a third degree fo	
	reparament of some constitutes a trita degree je	nony as provided for at 5.017.135, Pass
	- <i>L//h</i> ~	0/00/0044
- Junio	Pagnised Classification	2/09/2011
' //	Required Signature/Incorporator	Date