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| Certified Copies | Certificate | s of Status |
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| Special Instructions to Fil | ling Officer: | |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIB

mp/2/12

COVER LETTER

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

| _{SUBJECT:} Juanita Futch, Inc. | | |
|--|---|--|
| (PROPOSED CORPORA | TE NAME – <u>MUST INC</u> | LUDE SUFFIX) |
| Enclosed are an original and one (1) copy of the art | icles of incorporation ar | nd a check for: |
| \$70.00 \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| <i>"</i> " | ADDITIONAL C | OPY REQUIRED |
| FROM: Ronald M. Shultz, CPA, I | PA. e (Printed or typed) | |
| 4908 NW 34th Street St | uite 10 Address | |
| Gainesville, Fl 32605 City, | State & Zip | |
| 352-338-8350 Daytime T | elephone number | |
| flpnut2003@aol.com E-mail address: (to be use | d for future annual repor | t 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)

| 4 D G 1 G 1 G 1 G 1 G 1 G 1 G 1 G 1 G 1 G | | | |
|--|---|---|---|
| ARTICLE II P | RINCIPAL OFFICE | | |
| | Principal street address | Mailing addre | ess, if different is: |
| | 717 SW 15th Ave | PO Box 531 | |
| <u>Ne</u> | wberry, Fl 32669 | Newberry Fl 3266 | 69 |
| | | | |
| ARTICLE III PU | CRPOSE ch the corporation is organized is: | | |
| Any and all law | | | 12 JUH 25 |
| ARTICLE IV S The number of shares | of stock is:100 | 1079 | 12 JUH 29 PM 3: 31 SECRETARY OF STATE TALLARIASSEE, FLORE |
| | NITIAL OFFICERS AND/OR DIRECT | | |
| Address: | ::Juanita Futch- President | Address: | 7 |
| riddiess. | PO Box 531 Newberry Florida 32669 | | |
| | | <u></u> | |
| | : | Name and Title: | |
| Address: | | | |
| Name and Title Address: | : | Name and Title: | |
| ARTICLE VI R | EGISTERED AGENT | | |
| | | a) of the registered agent is: | |
| | la street address (P.O. Box NOT acceptable | e) of the registered agent is. | |
| The name and Florid Name: | Juanita Futch | | |
| The name and Florid | Juanita Futch 23717 SW 15th Avenue | | |
| The <u>name and Florid</u> Name: Address: | Juanita Futch 23717 SW 15th Avenue Newberry Florida 32669 | | |
| The name and Florid Name: Address: | Juanita Futch 23717 SW 15th Avenue Newberry Florida 32669 | | |
| The name and Florid Name: Address: | Juanita Futch 23717 SW 15th Avenue Newberry Florida 32669 VCORPORATOR ss of the Incorporator is: Ronald M. Shultz CPA PA | | |
| The name and Florid Name: Address: ARTICLE VII II The name and addre | Juanita Futch 23717 SW 15th Avenue Newberry Florida 32669 VCORPORATOR ss of the Incorporator is: | | |
| The name and Florid Name: Address: ARTICLE VII II The name and addre Name: Address: Having been named | Juanita Futch 23717 SW 15th Avenue Newberry Florida 32669 VCORPORATOR ss of the Incorporator is: Ronald M. Shultz CPA PA 4908 NW 34th Street # 10 | ocess for the above stated corporat | |
| The name and Florid Name: Address: ARTICLE VII II The name and addre Name: Address: Having been named this certificate, I am f | Juanita Futch 23717 SW 15th Avenue Newberry Florida 32669 VCORPORATOR ss of the Incorporator is: Ronald M. Shultz CPA PA 4908 NW 34th Street # 10 Gainesville Fl 32605 as registered agent to accept service of profamiliar with and accept the appointment as | ocess for the above stated corporat registered agent and agree to act in | |
| The name and Florid Name: Address: ARTICLE VII II The name and addre Name: Address: Having been named this certificate, I am f | Juanita Futch 23717 SW 15th Avenue Newberry Florida 32669 VCORPORATOR ss of the Incorporator is: Ronald M. Shultz CPA PA 4908 NW 34th Street # 10 Gainesville Fl 32605 as registered agent to accept service of pro | ocess for the above stated corporat registered agent and agree to act in | n this capacity |
| The name and Florid Name: Address: ARTICLE VII II The name and addre Name: Address: Having been named this certificate, I am f | Juanita Futch 23717 SW 15th Avenue Newberry Florida 32669 VCORPORATOR ss of the Incorporator is: Ronald M. Shultz CPA PA 4908 NW 34th Street # 10 Gainesville Fl 32605 as registered agent to accept service of profamiliar with and accept the appointment as | ocess for the above stated corporate registered agent and agree to act in | 6-25-2012 Date se information submitted in a |
| The name and Florid Name: Address: ARTICLE VII II The name and address: Address: Having been named this certificate, I am f | Juanita Futch 23717 SW 15th Avenue Newberry Florida 32669 VCORPORATOR ss of the Incorporator is: Ronald M. Shultz CPA PA 4908 NW 34th Street # 10 Gainesville Fl 32605 as registered agent to accept service of profamiliar with and accept the appointment as Atached form for Signature/Registered Agent ent and affirm that the facts stated herein | ocess for the above stated corporate registered agent and agree to act in | 6-25-2012 Date se information submitted in a |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

12 JUN 29 PM 3: 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0501 or 617.0501, 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: Tuanita Futch, Inc. | |
|---|------------|
| 2. The name and address of the registered agent and office is: | |
| Juanita Futch | |
| Mailing -> P.O. Box 531, Newberry, FL 3266 (P.O. Box NOT acceptable) | <u>7</u> 9 |
| | |
| (City/State/Zip | |
| 23717 SW 15th Ave Newberry, FC 32669 | |
| Newberry, FE 32669 | |
| nail: flpnut 2003 @ aol, com | |
| | |

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 comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature Date Date