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TRANSMITTAL LETTER

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

SUBJECT: CC	ists 1	HINES TE NAME - MUST INCLU	Inc	
	(PROPOSED CORPORA			
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 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PV REQUIRED	
FROM: KELVIN D HINES Name (Printed or typed) 480/- 6 AVE SO Address				
	0 :	, ~,		

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

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Curtis L HINES INC.

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ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation s. 480 1- 600 SO	SECRETAIN OF LIATE FALL AHASSEE FLORIDA
STRETERS burg Fla 33711	in the Oaliaious
ARTICLE III PURPOSE The purpose for which the corporation is organized is: for char Educational literary scientific	C. Table Box. 2.
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed: by mo	zionity two thirds vote
ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS List name(s). address(es) and specific title(s):	
ARTICLE VI INITIAL REGISTERED AGENT AND STREET	
The name and Florida street address (P.O. Box NOT acceptable) of the KELVIN DHINES	e registered agent is:
4801- 6 AVE SO	
ST PETERS DAY A F 10 33711 ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Cuatis L HINES	
4801. 6 AVE 50 57. Pateus burg. 57. 23.7.11	
**************************************	stated corporation at the place designated
Kelvii O Hind Signature/Registered Agent	10-12-2004 Date
of A service Agent	Date
Signature/Incorporator	10-12-200 4 Date