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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

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

SUBJECT:			INC
	(PROPOSED CORPO	RATE NAME – MU	JST INCLUDE SUFFIX)

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 COPY REQUIRED

FROM: DIANA MITCHELL
Name (Printed or typed)

208 TRIESTE Loop
Address

LAKE MARY FL 32746

City, State & Zip

Daytime Telephone number

PMR. diana. mitchella SMA12. Com E-mail address: (to be used for future annual report notification)

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

	•	ARTICLES In compliance with	OF INCORPO			3
ARTICLE I N. The name of the co	AME rporation shall be:	PROMUS	MEA RU	SSIA, IA	اد	0- MO
ARTICLE II P	RINCIPAL OFFICE	<u>3</u>		,		3
	Principal <u>street</u> addres	_		Mailing addres	ss, if different is:	H: 28
LA	KE MAR	Y, FL	32746_			
<u></u>						
	PURPOSE nich the corporation i	is organized is:	Romote	THE DE	EUELO PMI	ENT A
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OF KUSS	A IN THE	UNITED	STATES	ON COLL	EGE CAN	MP45

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Name and Title:	•	Name and Title:		
Address	·	Address:		
Name and Title:_		Name and Title:		
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	REGISTERED AGENT orida street address (P.O. Box NOT ac	cceptable) of the registered agent	t is:	
Name:	DIANA MITCHELL	<u>-</u>		± ≦o
Address:				5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	208 TRIESTE L LAKE MARY, FL	32146		6- A
	INCORPORATOR Iress of the Incorporator is:			FED THAT II:
Name:	DIANA MITCHE	<u>u</u>		ATE ATION
Address:	208 TRIESTE L	ool		<i>ত</i>
	LAKE MALY, FL	- 32746		
Effective date, if o	EFFECTIVE DATE: ther than the date of filing: tte is listed, the date must be specific	and cannot be more than five	IONAL) business days prior or 90 bus	siness days
	nserted in this block does not meet the ve date on the Department of State's r		irements, this date will not be li	sted as the
	ed as registered agent to accept servi miliar with and accept the appointmer			signated in this
* 1	lana Witcheel Required Signature of Register		1 16 5-15 Date	<u>-</u>
	ment and affirm that the facts stated h of State constitutes a third degree felo			in a document
x	Required Signature of Inc	_	x 125-1	15
	Required Signature of Inc	corporator	Date	