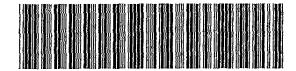
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FILED SECRETARY OF STATE TALLARASSEE, FLORIDA

m. 912

TRANSMITTAL LETTER

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

SUBJECT:	Robert Nash Jr. Inc.			
	(PROPOSED CORPOR.	ATE NAME – <u>MUST INC</u> L	UDESUEEX)	
Enclosed are an or	iginal and one (1) copy of the art	ticles of incorporation and	i a check for:	
☐ \$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of	
		Status ADDITIONAL COPY REQUIRED		
FROM: R	obert Nash			
. 40	Name	e (Printed or typed)		
	1587 NE 808 St.	Address		
	Old Town Fl. 32680	, State & Zip	, de la companya de 	×1 = ≠ ^M _T <u>=</u> 1
	352-542-7991			٠. ٠
	Daytime '	Telephone number		

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)

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ARTICLE I NAME

The name of the corporation shall be:

Robert Nash Jr. Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1587 NE 808 Street Old Town Florida 32680

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

May transact andy and all lawful business for which Corporations mat be incorporated under the General Corporations act. (General Contractor)

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Robert Nash, President Beverly Nash, VP/ Sec- Treas

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Robert Nash 1587NE808 St. Old Town, Florida 32680

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Robert Nash 1587 NE 808 St Old Town, Florida 32680

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

Date

Date