P0500003366

| (Requestor's Name) | | |
|---|-----------------------|--------|
| (Address) | | |
| (Address) | | |
| (Cit | ty/State/Zip/Phone #; |) |
| PICK-UP | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | Certificates of | Status |
| Special Instructions to Filing Officer: | | |
| | | : |
| | | |
| | | |
| Office Use Only | | |



01/21/05--01025--009 **78.75

FILED 05 JAN 21 PN 2:55 SECRET: CONTRACTOR

TRANSMITTAL LETTER

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

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SUBJECT: Genald ED CORPORATE NAME - MUST INC

Enclosed are an original and ong (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 \$87.50 Filing Fee & Certified Copy Status

Filing Fee, Certified Copy & Certificate of

ADDITIONAL COPY REQUIRED

FROM: Gonald RAY Williams Name (Printed or typed)

8 EAST MAQuelia AU Address

Pont ORAnge FL 32127 City, State & Zip

386 - 547 - YOB6 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)

ARTICLE I NAME The name of the corporation shall be:

A

Genald RAY Welliams Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 8 EAST MAGNOLIA AV port praye FL 32127 The purpose for which the corporation is organized is: The Thousedown of all lawful Business for which companyan may be In Companyal und CMapta 607, FL Statutes As Amendal The number of shares of stock is: 200 Consisting of one Class Known As Common Stock Ad Have A PAR VALUE OS \$ 1.00 prod. ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Goard RAY williams PLES. QEASA magnolin AN Nort ORAUSE FL 32127 **REGISTERED AGENT** ARTICLE VI The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Genald Ray williams 8 EAST mos velia AV ARTICLE VII INCORPORATOR The name and address of the Incorporator is: New welliams East maynolia AU

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 Derold Ray Williome Signature/Incorporator 415 92 0145

Port onnic FL 32127

Date

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