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COVER LETTER

WE WANT?	This zorpona)	roon to be s	ob Chapten
Department of State		149	nh you.
Division of Corpora P. O. Box 6327			ISAMASS occ
Tallahassee, FL 323	314		
SUBJECT:	A CORPORA	ATE NAME – <u>MUST INC</u> I	AUDESUITEX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation an	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee	\$78.75 Filing Fee	\$87.50 Filing Fee,
9	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
		ADDITIONAL CO	Status OPY REQUIRED
FROM:	LISA F Ma	SSOCC (Printed or typed)	
-	13404 CR 6	72 Address	
-	RIVERVIEW, F.	La 3356, State & Zip	9
-	8/3-634-0	7433 Telephone number	

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



December 20, 2005

LISA F. MASSOCCO 13404 CR 672 RIVERVIEW, FL 33569

SUBJECT: LAJ, INC.

Ref. Number: W05000055673

We have received your document for LAJ, INC.. However, the document has not been filed and is being returned for the following:

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P97000066165 - LAJ CO...

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2006 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Letter Number: 105A00072733

Loria Poole Document Specialist New Filing Section

In compliance with Chapter 607 and/or C		Profit)		
ARTICLE I NAME	WE W9	nj Thus	corporation	to be 1
The name of the corporation shall be:	SUB	chapter		
	. 0		Thank you LISA MASS	
SAEJ Trucker	rg. elne	•	LISA MYSS	0200
ARTICLE II PRINCIPAL OFFIC	EE			
The principal place of business/mailing ad	dress is:	,		
13404 CR 672			_~ -	
Kiverview, Fla 33	569		ALL S	
			2000年	
The purpose for which the corporation is			IAR ASS	Account of the last of the las
Trucking Compan	ru		Y P	m
	\mathcal{F}		1.037 1.037	Ö
ARTICLE IV SHARES The number of shares of stock is:			36 ATE BD	
1000			A	
ARTICLE V INITIAL OFFICER		rewore		
List name(s) address(es) and specific titl	la(c)·			
Lisa-7 Masserco P	re. 1340	4 CR672	2 RWERVIEW	v,7l3
Mag A Madaga Op VI	10 Pro 12/10	1 0 1 2 2 2	P	.11
Linda Colora 200	1912 7	4 CR 6 12	KIVERVIEW	7× 335
Richa pol Cohen Toans	1913 7 100	2KNessgre	ENS DRIVE SUNI	CHycent
Dreg A Massocco Je VL Linda Cohen Sec Richard Cohen Treas. ARTICLE VI REGISTERED A	GENT TAVEEN	ressgreen	URIVE THAT	33373
The name and Florida street address (P.	O. Box NOT accept	otable) of the regis	stered agent is:	
LISAF Massocco 13400	4 CR 672	Rivervie	ew Fl 335	69
	•			
ARTICLE VII INCORPORATOR	2			
** address of the Incorporato				
LISA F. MASSOCCO 13404 CR 672 RIVERVIEW, FL 33569 13404	4 CR 672	RIVERVI	ew.71335	69
ARTICIE VIII - Inc	orpporati	on Dal	z 1/17-10	5-05-
Having been named as registered agent to accept certificate. A syn familiar with and accept the appoint	t service of process for intment as registered a	the above stated con gent and agree to ac	poration at the place design tin this capacity	nated in this
The I Marion -			12-15-08	
Signature/Registered Agent			Date	-
Len J Markonson			12-15-05	
Signature/Incorporator			Date	
, -				