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2007 JUN 19 PH 4: 25

SECRETARY OF STATE ALLAHASSEE, FLORIDA

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# **COVER LETTER**

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

TE NAME – <u>MUST INC</u> L	UDE SUFFIX)	
cles of incorporation and	l a check for:	
\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
ADDITIONAL CO	PY REQUIRED	
FROM: Dawn B. Carlson  Name (Printed or typed)		
Address	· · · · · · · · · · · · · · · · · · ·	
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	cles of incorporation and \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	

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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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The name of the corporation shall be:

Brandon Reading Clinic, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5907 Cherry Oak Drive Valrico, FL 33594

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Tutoring

### ARTICLE IV SHARES

The number of shares of stock is:

1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dawn B. Carlson President 5907 Cherry Oak Drive Valrico, FL 33594

# ARTICLE VI REGISTERED AGENT

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

Dawn B. Carlson 5907 Cherry Oak Drive Valrico, FL 33594

### ARTICLE VII INCORPORATOR

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

Dawn B. Carlson 5907 Cherry Oak Drive Valrico, FL 33594

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 Date

| Signature/Incorporator Date