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COVER LETTER

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

SUBJECT:	TARK MIXON			
	(PROPOSED CORPOR	ATE NAME – <u>MUST INC</u> I	<u>(UDE SUFFIX</u>)	
,				
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
•				
FROM: MARK MI XON Name (Printed or typed)				
	700 TRANS	MITTER RD Address	4	
	PANAMA CI	Ty FL, State & Zip	32401	
(2	960-09 Daytime	231 Telephone number		

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

I have no intentions to reinstate Mark Mixon Painting, Inc., a corporation that has been administratively dissolved on 9/14/07. Wth Doc. H Polecococo 9826

Mad Min

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SECRETARY OF STATE

**:*-

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:

Mark Mixon Painting, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

700 Transmitter Road Lot 4 Panama City, FL 32404

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Profit

ARTICLE IV SHARES

The number of shares of stock is:

1000 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Mark Mixon, President, Secretary, Treasurer and Director 700 Transmitter Road, Lot 4

Panama City, FL 32404

ARTICLE VI REGISTERED AGENT

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

Mark Mixon 700 Transmitter Road Lot 4 Panama City, FL 32404

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mark Mixon 700 Transmitter Road Lot 4 Panama City, FL 32404

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

5 9 08

Date

Signature/Incorporator

OS MAY -9 PM 3:
SECRETARY OF STALLAHASSEE, FLU