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COVER LETTER

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

SUBJECT: At You	ır Side, Inc.		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
✓ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: <u>R</u>	obyn L. English Name	e (Printed or typed)	
	P.O. Box 2743	Address	
	Lutz, Florida 33548-2743	y, State & Zip	
	(813) 493-2593 Daytime	Telephone number	•

FILED 2808 MAY 12 PM 4: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:

At Your Side, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 18404 Swan Lake Drive Lutz, FL 33549

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Professional and personal assistance.

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): Robyn L. English (P) P.O. Box 2743 Lutz, FL 33548-2743

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Robyn L. English 18404 Swan Lake Drive Lutz, FL 33548-2743

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is: Robyn L. English P.O. Box 2743

Lutz. FL 33548-2743

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