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THE HAY 27 AM III OS SECRETARY OF STATE

COVER LETTER

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

SUBJECT: Riggins	s Law Firm, P.A. (PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	AUDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:
\$70.00	☑ \$78. 75	□ \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
1 11116 1 00	& Certificate of Status	& Certified Copy	Certified Copy
		l d common cop,	& Certificate of
			Status
		ADDITIONAL COPY REQUIRED	
FROM: Da	inialle Riggins		
	Name	(Printed or typed)	
	PO Box 830222	<u> </u>	<u> </u>
	•	Address	
•	Ocala. Florida 34483		, ,,,,
	City,	State & Zip	
	3523690705		
	Daytime T	elephone 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:

Riggins Law Firm, P.A.

PRINCIPAL OFFICE ARTICLE II

The principal street address and mailing address, if different is:

Street: 1084 SE 57th Ave Ocala, FL. 34471 Mailing: PO Box 830222 Ocala, FL 34483

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The practice of law.

ARTICLE IV SHARES

The number of shares of stock is: 100

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Danialle Riggins, PO Box 830222, Director, President Ocala, FL 34483

REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Anthony Riggins, 1084 SE 57th Ave Ocala, FL 34471

ARTICLE VII **INCORPORATOR**

The <u>name and address</u> of the Incorporator is: Danialle Riggins P.A. PO Box 830222 Ocala, FL 34483

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