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| (Requestor's Name) | | | |
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| (Address) | | | |
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| (Address) | | | |
| | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: Lyselfica Hawkurder ALLEGE FOR EXPERIMENTED CORRECT STUCKE THATTER CATE 9/5/08 INRE INRE INRE | | | |
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

MR) 5

COVER LETTER

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

| SUBJECT: Cynthia | (PROPOSED CORPOR | ATE NAME – <u>MUST INC</u> I | LUDE SUFFIX) |
|----------------------|----------------------------------|-------------------------------------|---|
| 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 & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of |
| | | ADDITIONAL CO | Status |
| FROM: <u>Cy</u> | nthia A. Hawkins, P. A. | | |
| | Namo | e (Printed or typed) | |
| | 150 N. Orange Ave., Suite 414 | Address | · · · · · · · · · · · · · · · · · · · |
| | Orlando, FL 32801 | y, State & Zip | |
| | (407) 999-9743 Daytime | Telephone 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)

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ARTICLE I NAME

The name of the corporation shall be:

Cynthia A. Hawkins, P. A.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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ARTICLE II PRINCIPAL OFFICE

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

150 N. Orange Ave., Suite 414 Orlando, FL 32801

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:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Cynthia A. Hawkins, President and Director

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Cynthia A. Hawkins
150 N. Orange Ave., Suite 414
Orlando, FL 32801

ARTICLE VII INCORPORATOR

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

Cynthia A. Hawkins

150 N. Orange Ave., Suite 414 Orlando, FL 32801

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

| September 2, 2008 | Date

Signature/Incorporator

September 2, 2008

Date