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## **COVER LETTER**

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

SUBJECT: +	PROPOSED CORPOR	Transportate NAME - MUST INCL	l l	INC.
Enclosed are an orig	inal and one (1) copy of the and \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filling Fee, Certified Copy	4
		ADDITIONAL CO	& Certificate of Status	

FROM: _	Ereka A. Reddick
	Name (Printed or typed)
, 	16 N Madison Street
	Address
_	QUINCY, FL 32351
	Ocity, State & Zip
	850-843-5072
	Daytime Telephone number
	erekareddick Q Yahoo. Com F-mail address: (to be used for future annual report notification)

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: H.O.P.E. Transportation, Inc
	ARTICLE II PRINCIPAL OFFICE  The principal street address and mailing address, if different is:  116 N Madison Street  QUINCI, FL 32351  ARTICLE III PURPOSE  The purpose for which the corporation is organized is: non-emergency. transportation to a soist people with nedical appointments has pital nedical treatment, weldings, sporting events, pickuplane, off, etc., groce Shopping, etc.  ARTICLE IV SHARES  The number of shares of stock is: 1000000000000000000000000000000000000
	ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  List name(s), address(es) and specific title(s):  Eveka A. Reddick  No Madison Street  Quincy For 32351  ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Eveka A. Reddick  No Madison Street  Quincy For 32351  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Eveka A. Reddick  No Madison Street  Quincy For 32351  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Eveka A. Reddick  No Madison Street  Quincy For 32351
	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    Color   Color   Color     Signature/Registered Agent   Date     Color   Color   Color     Color   Color     Color   Color   Color   Color     Color   Color   Color     Color   Color   Color   Color     Color   Color   Color   Color     Color   Color   Color   Color     Color   Color   Color   Color     Color   Color   Color   Color   Color     Color   Color   Color   Color   Color     Color   Color   Color   Color
	Signature/Incorporator Date