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COVER LETTER

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

SUBJECT: 98 NEXT STOR TOPOSED CORPORAT	E NAME - MUST INC	LUDE SUFFIX)		
Enclosed are an original and one (1) copy of the artic	les of incorporation an	d a check for:		
Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Cop & Certificate Status	of	
	ADDITIONAL C	OPY REQUIREI	<u>, </u>	
FROM: 6E0738 5 KOR				
54 Harrell 1	√ ddress			
CRAW ForduillE City, S		7	SECRE TALLAH	choping
	lephone number		DEC 27 AM RETARY OF AHASSEF F	
E-mail address: (to be used	for future annual report	notification)	STAIL	O

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

NEXT STOP I'M I'M.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:	• • •
Principal office Principal street address 2837 Coastal 12 MERICANT 32327	Mailing address, if different is: STATE IN CRAWFORDUILE FIA, JAJA7
ARTICLE III PURPOSE The purpose for which the corporation is organized is RETAIL BEECWINE T	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR Name and Title: 680798 \ VORE \ Address: 54 40028 1 1 1 Craw Forduill	Yow ~ ≥ Name and Title:
Name and Title:Address:	
Name and Title:Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT Name: Address: 54 14cmill 12	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Sylvanii	DRACE
this certificate, I am familiar with and accept the appo	vice of process for the above stated corporation at the place designated interview interview interview as registered agent and agree to act in this capacity
Required Signature/Register I submit this document and affirm that the facts state document to the Department of State constitutes a thir	ted herein are true. I am aware that the false information submitted in
Required Signature/Incor	