# P1100017645

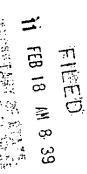
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
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## RECEIVED

## FLORIDA DEPARTMENT OF STATE OF CORPORATIONS Division of Corporations

February 9, 2011

CHRIS S ATTAWAY, SR 807 SHALLOW BROOK AVE WINTER SPRINGS, FL 32708

SUBJECT: ATTAWAY CONSULTING GROUP, INC.

Ref. Number: W11000007914

We have received your document for ATTAWAY CONSULTING GROUP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith Regulatory Specialist II New Filing Section

Letter Number: 711A00003433

### **COVER LETTER**

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

SUBJECT: Attaway Consulting Group, Inc.		
(PROPOSED CORPOR	RATE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the a	rticles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
	ADDITIONAL C	OPY REQUIRED
FROM: <u>Chris S. Attaway, Sr</u> Nar	me (Printed or typed)	
807 Shallow Brook Ave		
Winter Springs, FL. 32708 Cit	Address y, State & Zip	
407.928.3424 Daytime	Telephone number	······································
chris@attawayconsultinggrou	D. COM	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)

	NAME Attaway Consulting Group	, Inc.	(Project
The name of the cor	poration shall be:		FILED
ARTICLE II	PRINCIPAL OFFICE		Mailing address, if different is: 18 AM 8: 39
	Principal street address		Mailing address, if different is: 10 AH 8: 30
	77 Shallow Brook Ave		Tarana and a second
W	inter Springs, FL. 32708		
-			The state of the s
ARTICLE III	A CONTRACTOR OF THE CONTRACTOR		
Consumation	yichthe comperation is carenized is:		
	,		
ARTICLE IV			
The number of share	es of stock is: 7 AV		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS		
Name and Tit	lcChris S. Attaway, Sr President	Name and Title	Julie Attaway, Vice President
Address:	807 Shallow Brook Ave	Address:	
	Winter Springs, FL 32708		807 Shallow Brook Ave
			Winter Springs, FL. 32708
Name and Tit	le:	Name and Title	:
Address:		Address:	
Name and Tit	le:1	Name and Title	
Address:			
		1441000	
400000000			
	REGISTERED AGENT ida street address (P.O. Box NOT acceptable) of th	a majetared ees	mt in-
Name:	Chris S. Attaway, Sr	e regisierou age	iit is.
Address:	807 Shallow Brook Ave		
	Winter Springs, FL 32708		
ADDICE DEL	, <u>,</u>		
	INCORPORATOR ress of the Incorporator is:		
Name:	Chris S. Attaway, Sr		
Address:	807 Shallow Brook Ave		
	d as registered agent to accept service of process for		
inis cerujicote, i am	familiat with and accept the appointment as registe	erea ageni ana	~ - 1 · 1
( ( )	1 HHTCI		2/2/11
-(-)	Required Signature/Registered Agent		<u> </u>
_	Required Signature/Registered Agent		/ Date
I submit this docum	nent and affirm that the facts stated herein are tri	ue. I am aware	that the false information submitted in a
document to the De	pariment of Style kynstitutes a third degree felony a	s provided for i	n s.817.155, F.S.
<i>( / /</i> ) c	/ / HITCO.		2/2/11
	U WVY		4411
	Required Signature/Incorporator		▶ Illete