## P11000029967

(Requestor's Name)			
(Addross)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
. (Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
John Rabinson gove authorization to correct			
Norve 3/30 2E			

Office Use Only



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## **COVER LETTER**

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

SUBJECT: Mingle Club Incorporati	ion	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
526 Francis Blvd.	(Printed or typed)	
A	Address	<del></del>
Lakeland, Florida 33801	State & Zip	······································
443-740-0962  Daytime Te	elephone number	
linthicumman@yahoo.co E-mail address: (to be used	m / 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)...

The name of the	e corporation shall be:	orated.	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	- riviaiffng d	iddress, indiverent is:
	526 Francis Blvd		ıb
	Lakeland, Florida 33801	P.O. Box 386	
		Lakeland, FL 3	3802
ARTICLE III	PURPOSE		
	or which the corporation is organized is:		• •
To operate	as a business entity for the purpos	e of helping impoverish:	senior citizens get their
	n bills paid; to raise funds to contrib		
	ontribute to various charities in gene		
	mbers of society that are affected by		
ARTICLE IV	SHARES		
The number of	shares of stock is500, no par		
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	TORS	
Name and	d Title: John Robinson, President	Name and Title:	
Address:			
1	Lakeland, Florida 33801		
Name and	d Title:	Name and Title:	
Address:		Address:	
			, , , , , , , , , , , , , , , , , , ,
	f Title:	Name and Title:	
Address:		Address:	
		<u> </u>	
APTICLE VI	REGISTERED AGENT		
	Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:	
Name:	John Robinson		TAR S
Address:	526 Francis Blvd		
	Lakeland, Florida 33801		
ARTICLE VII	I_INCORPORATOR		ي المسلم
	address of the Incorporator is:		7.0
Name:	John Robinson		The special states of
Address:	526 Francis Blvd	<del></del>	<b>_</b>
	Lakeland, Florida 33801	<del></del>	. <del>.</del>
Having been no	amed as registered agent to accept service of p	rocess for the above stated corne	oration at the place designated in
	I am familiar with and accept the appointment a		
	$\mathcal{O}_{\mathcal{A}}$		
Cohn	n Robertson		March 22, 2011
	Required Signature/Registered Agent	<del></del>	Date
I submit this de	ocument and affirm that the facts stated hereis	s are true I am owers that the	false information submitted in a
	e Department of State constitutes a third degree j		
1	$\cap$ $\circ$ .	arany na provincenjor in sidi /ili	reg = 1251
Ufohn	Kolunson		March 22, 2011
<del>// · · · · · · · · · · · · · · · · · · </del>	Required Signature/Incorporator		Date