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FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA Division of Corporations

March 23, 2011

JOHN RICHARDSON, ESQUIRE 700 CENTRAL AVENUE STE 500 SAINT PETERSBURG, FL 33701

SUBJECT: THE PETERMAN GROUP, INC.

Ref. Number: W11000016482

We have received your document for THE PETERMAN GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 611A00007031

www.sunbiz.org

COVER LETTER

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

SUBJECT: The Peterman Group,	Inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation an	d a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROM: <u>John Richardson, Esquir</u> Name	e (Printed or typed)	
700 Central Avenue, Ste	500	
	Address	
Saint Petersburg, Floric	la 33701 State & Zip	
727-823-0540 Daytime 1	elephone number	
fpeterman7@gmail.com E-mail address: (to be use	d 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 II PRINCIPAL OFFICE Principal street address 2435 Grenada Circle E Saint Petersburg, Florida 33712 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any lawful purpose allowed under the laws of the State of Florida. ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address: Address: Name and Title: Address: Address: Address: Name and Title: Address: Address	ARTICLE I The name of the	NAME corporation shall be:	PETERMAN C	ONSULTING,	INC.		
Principal street address 2435 Granada Circle E Saint Petersburg, Florida.33712 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any lawful purpose allowed under the laws of the State of Florida. ARTICLE V SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address: Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: John Richardson, Esquire Address: John Richard		•					
2435 Grenada Circle E Saint Petersburg, Florida 33712 ARTICLE II PURPOSE The purpose of which the corporation is organized is: Any lawful purpose allowed under the laws of the State of Florida. ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address: Name: John Richardson. Esquire Saint Petersburg, Florida 33701. ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: John Richardson, Esquire Address: John Richardson, Esquire Addres				Mailing address, if different is:			
Saint Petersburg, Elorida.33712 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any lawful purpose allowed under the laws of the State of Florida. ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address: Address							
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