P11000037200

| (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: | | | | |
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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: | Couponey | TNC. (TE NAME – <u>MUST INC</u> I | |
|--------------------|--|--|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCI</u> | LUDE SUFFIX) |
| Enclosed are an or | iginal and one (1) copy of the art | icles of incorporation an | d a check for: |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | Certified Copy & Certificate of Status |
| | | ADDITIONAL CO | JPY REQUIRED |
| | | | |
| FROM: _ | MICHAEL Name | HULLI GAN e (Printed or typed) | |
| | 13810 Surray P | ARK DR. N. 4 Address | 527 |
| | JACKSON VILLE | FL 3222 State & Zip | 4 |
| | (904) 445-18 Daytime T | 837 | |
| | COACH MIKE E-mail address: (to be use | | 1 / |
| | Later 400. (40 04 mbe | | |

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

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

| ARTICLE I | NAME A | | | |
|------------------|--|---|---|--|
| The name of the | corporation shall be: CouPoNGY, INC | • | | |
| ARTICLE II | PRINCIPAL OFFICE | | | |
| | Principal street address | Mailing add | Mailing address, if different is: | |
| • | 13810 SUTTON PARK DE. N. #527 | 14286-19 Be | TACH BLUD. #307 | |
| | JACKSONVILLE, FL 32224 | JACKSONVILLE | BEACH, FL 32250 | |
| | | | | |
| ARTICLE III | PITRPOSE | | | |
| | | _ | | |
| | ON ADJECTISING FOR OTHER ! | BUSINESSES, EVEN | MS, MISCOUN) 3. | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| ARTICLE IV | SHARES | | | |
| The number of sl | hares of stock is: 10,000 | | | |
| ARTICLE V | INITIAL OFFICERS AND/OR DIRECTORS | } | | |
| | Title: MICHAEL MULLIGAN, PRESIDENT | Name and Title: | | |
| Address: | 138,0 SUTTON PARK BR.N. *527 | Address: | | |
| | JACKSONVILLE, FL 32224 | | | |
| | | | | |
| Name and | Title: | Name and Title: | | |
| Address: | | | | |
| | | | | |
| | | | | |
| Nome and | Title: | Name and Title: | | |
| Address: | Title. | | | |
| 11001000 | | | | |
| | | | | |
| ARTICLE VI | REGISTERED AGENT | | | |
| | Torida street address (P.O. Box NOT acceptable) of t | he registered agent is: | 1 | |
| Name: | MICHAEL MULLIGAN | | ≥8 = | |
| Address: | 13810 SUTTON PARK DR. N. 7 | 527 | <u> </u> | |
| | JACKSONVILLE, FL 32224 | | A T | |
| ARTICLE VII | INCORPORATOR | | Hara Hara Hara Hara Hara Hara Hara Hara | |
| | ddress of the Incorporator is: | | | |
| Name: | MICHAEL MULLIGAN | | 30 | |
| Address: | MICHAEL MULLIGAN 13810 SUTTON PARK DR. N. 75 JACKSON VILLE, FL 32224 | 27 | <u> </u> | |
| | JACKSON VILLE, FL 32224 | | and S | |
| Havina haan na | med as registered agent to accept service of process | for the above stated corners | otion at the place designated in | |
| | am familiar with and accept the appointment as regis | | | |
| • | · · · · · · · · · · · · · · · · · · · | | • | |
| 14/ | U. Ilvi | | 04/13/11 | |
| | Required Signature/Registered Agent | | <u>04/13/11</u> Date | |
| | Dequired Signature/Registered Agent | | | |
| i suomu inis ao | cument ana affirm inai ine facts statea nerein ar e t | rue. 1 am awar e inai ine ja | | |
| | Department of State constitutes a third degree felony | as proviaea jor in s.817.155, | r.s. | |
| ALL | 1 lline | | Aufiat. | |
| | Required Signature/Incorporator | | 04/13/11 Date | |
| | ,, | | - | |