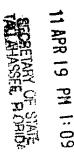
## PI 000038013





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03/16/11--01018--011 \*\*78.75







## **COVER LETTER**

ţ

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

SUBJECT: Spend Smart INC		
(PROPOSED CORPORA	TE NAME – MUST INC	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	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 OPY REQUIRED
	ADDITIONAL	
FROM: Juslene Isnor		
Name	e (Printed or typed)	
3521 N.W 8 Ave		
9527,3,4,57,4,5	Address	
Pompano Beach Florida City,	a 33064	
City,	State & Zip	
954-297-2438 Daytime T	elephone number	
Jyourboy12@yahoo.com E-mail address: (to be used	I       I      I        I       I       I       I       I       I       I       I	notification)
`	1	

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



# RECEIVED 11 APR 19 PM 2: 26 MARSION OF CORPORATIONS

### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2011

JUSLENE ISNOR 295 NE 44 CT. POMPANO BEACH, FL 33064

SUBJECT: SHOP 4 LESS INC. Ref. Number: W11000015762

We have received your document for SHOP 4 LESS 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 an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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.

Please return 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) 245-6995.

Jessica A Fason Regulatory Specialist II

Letter Number: 011A00006696

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

The name of the corp	VAME Spend Smart Inc			
35	PRINCIPAL OFFICE Principal street address 21 N.W 8 Ave mpano Beach Florida 33064	Mailing ac	Mailing address, if different is:	
ARTICLE III P		off new merchandise	and 20% off mixed and	
The number of shares				
	NITIAL OFFICERS AND/OR DIRECTOR	Name and Title: Address:		
Name and Title Address:	e:	Address:		
Name and Title Address:	э:	Address:		
	EGISTERED AGENT la street address (P.O. Box NOT acceptable) of			
Name:	Jusiene Isnor		<b>3.</b> -	
Address:	295 N.E 44ct	<del>_</del>		
	Pompano Beach Florida 33064	_		
ARTICLE VII	NCORPORATOR		82 - TI-1	
	ess of the Incorporator is:			
Name:	Juslene Isnor			
Address:	295 N.E 44ct	<del>-</del>	50 = 1	
	Pompano Beach Florida 33064	_	## C	
	as registered agent to accept service of proces. familiar with and accept the appointment as reg			
AIIII	OLGAND,		11-11-11	
-Gunsin	Required Signature/Registered Agent	<del> </del>	Date	
I submit this docum	ent and affirm that the facts stated herein are	true. I am aware that the	false information submitted in a	
	artment of State constitutes a third degree felon			
All Allons	in Fronze		11-11-11	
_quueen	Required Signature/Incorporator		Date	