## P/1000038539

(Re	equestor's Name)	
(Ac	ddress)	
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• (Ci	ty/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE VALLAHASSEE FI SECRETARY OF STATE OF S

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## **COVER LETTER**

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

<b>SUBJECT:</b> Impressive Programs II	nc.				
(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:			
<b>3</b>					
<b>\$70.00 \$78.75</b>	\$78.75	\$87.50			
Filing Fee Filing Fee	Filing Fee	Filing Fee,			
& Certificate of Status	& Certified Copy	Certified Copy			
		& Certificate of Status	DI		
	ADDITIONAL C	OPY REQUIRED	1		
		······································			
FROM: Tamika Green-Presuma					
Name	(Printed or typed)				
0.47.040.00					
945 34th Street	Address				
,	addiess				
West Palm Reach Flori	da 33407	5	ت دی <b>⊏</b>	20	
West Palm Beach, Florid City,	State & Zip	<u></u> <u></u> <u></u>	- C	2011 APR 20	eraninal.
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<u>561-713-4654</u>			HASSE	20	. es. abgress }
Daytime Te	elephone number		₩≺ TO		,
tomikograanda da @yaha	0.00m /	1	ر بن التر التراكي	3	
tamikagreendavis@yaho E-mail address: (to be used	for future annual report	notification)		2: 3	***
· ·	•		37		

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		Mailing address,	if different is:	
ç	945 34th street				
Y.	Vest Palm Beach, Florida 33407				
ARTICLE III	PURPOSE			· · · · · ·	
	hich the corporation is organized is:				
	of the program is to promote and me				
with education	nal resources that will help and prom	ote daily livin	g strategies.	And provid	le low (
services with	in the community to help promote and	d save financ	ial barriers b	usiness ow	ners.
ARTICLE IV	SHARES				
The number of shar	res of stock is:				
4 DATA T D					
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR itle:Traqueshia Tribble (Officer)		e:Tobias Gree	nn/Officer\	
Address:	945 34th street	_ Name and Title Address:	945 34th str		
Audiess.	West Palm Beach, Florida 33407	_ Address.	West Palm		ida 33/
	West Faint Beach, Florida 33407	<del>-</del>	West I Aim	DEBCH LIGH	<u> </u>
		<del></del>	T1 O		(D:
	itle Willie Britt (Officer)		e: <u>Tamika Gre</u>		a (Dire
Address:	1448 W 33rd street	_ Address:	945 34th str		
	Rivera Beach, Florida 33404	_	West Palm	Beach, Floi	nda 334
		_			
	itle: Monica Daniels (officer)	Name and Title	e: Ambri Cunr	ningham (of	ficer)_
Address:	2930 Broadway # 18, Rivera Beach, Fl	_ Address:	945 34th str		11. 00
	· · · · · · · · · · · · · · · · · · ·	_	West Palm	Reach Flo	nga 33
		_		1 171	
ARTICLE VI	REGISTERED AGENT			<b>-</b>	<b>&gt;</b>
The <u>name and Flo</u>	rida street address (P.O. Box NOT acceptable) o	f the registered age	ent is:		APR
Name:	Tamika Green-Presuma	<del></del>		SAR	2(
Address:	945.34th street	_		rm-<	0
	West Palm Beach, Florida 33407	_		찐드	TO THE
ARTICLE VII	INCORPORATOR			F 67	
	Iress of the Incorporator is:			25	$\ddot{\wp}$
Name:	Tamika Green-Presuma			ย็ส์	ည
Address:	945 34th street	-		***	-
71441055.	West Palm Beach, Florida 33407	_			•
	Vesi i ami deach, i longa 5540/	_			
laving been name	ed as registered agent to accept service of proces	s for the above st	ated corporation	at the place d	esignatea
his certificate, I aı	n familiar with and accept the appointment as reg	istered agent and	agree to act in th	is capacity	
0.1					
Jamesa	Neguired Signature/Registered Agent			1.14.11	
-	Required Signature/Registered Agent			Date	
enhmit this dose	ment and affirm that the facts stated herein are		a that the false :	nformation co	hmittad :
	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felon				onuueu l
			m ನೀರಕ /ಕಿಕೆ ವಿಶ್ವ ಕೆ ಕನೀ		
P b.	, V. Gnew-Presund Required Signature/Incorporator			4. 14. 1	/
<del>-</del>					