## P11000056005

(Re	equestor's Name)	····
(Ad	ldress)	
(Ad	ldress)	
(C)	ty/State/Zip/Phone	a #N
(OII	ty/Otate/Zip/Filone	<del>ο π)</del>
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
	_	
Special Instructions to	Filing Officer:	





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SC 15-11

## **COVER LETTER**

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

UBJECT: Town & Country Guide (PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)	
inclosed are an original and one (1) copy of the arti	icles of incorporation an	id a check for:	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
	ADDITIONAL COPY REQUIRED		
FROM: Michelle R. Zimmermann Name  11232 NW 93rd Ave.	e (Printed or typed)	2011 PATE	
-	Address	201 JUN 14	
Chiefland, FL 32626 City,	State & Zip		
			<b>)</b>
352.493.0015 Daytime T	elephone number	•	

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)

	corporation shall be:		
ARTICLE II	Principal of street address	Mailing add	ress, if different is:
	11232 NW 93rd Ave.		ress, ii different is.
	Chiefland, FL 32626	Chiefland El 326	644
RTICLE III			
he purpose for	which the corporation is organized is:		
	is to provide community informat		usinesses and service:
wnich make	our community a great place to v	vork.	
ARTICLE IV			
he number of sh	ares of stock is: 1		
	INITIAL OFFICERS AND/OR DIRE		
Name and Address:	Title: Michelle R. Zimmermann 11232 NW 93rd Ave.	Name and Title:	
Addiess.	Chiefland, FL 32626		, ., ., ., ., ., ., ., ., ., ., ., ., .,
Name and	Title:	Name and Title:	. 1000
Address:		Address:	
			_ <del></del>
	Title:		
Address:			
	REGISTERED AGENT		201
	lorida street address (P.O. Box NOT accepta		
Name:	Michelle R. Zimmermann		
Address:	11232 NW 93rd Ave		
	Chiefland, FL 32626	<del></del>	70 <del></del>
RTICLE VII	INCORPORATOR		in the second second
he <u>name and ac</u>	ddress of the Incorporator is:		£_ ?
Name:	Michelle R. Zimmermann		3 3
Address:	11232 NW 93rd Ave.		
	Chiefland, FL 32626		
	ned as registered agent to accept service of		
is/ceftificate, f	am formitiar with and accept the appointment	t as registered agent and agree to act	in this capacity
1		_	6-8-11
1,000	Required Signature/Registered Age	ent	Date
	* X - L		
submit this doc	current and offirm that the facts stated here	ein are true. I am aware that the fa	lse information submitted in c
	current and officen that the facts stated here beganiment of State constitutes a third degre		