P11000066651

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zi	p/Phone #)	
PICK-UP W	/AIT MAIL	
(Business Er	ntity Name)	
(Document Number)		
Certified Copies Ce	rtificates of Status	
Special Instructions to Filing Officer:		





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07/22/11--01019--004 **70.00

TH JUL 22 PN 2: 26

COVER LETTER

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

SUBJECT: BENT PINE PUBLISHI	NG CORP.	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation ar	nd 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: RICHARD F. CROSBY	(Printed or typed)	
1402 SW BENT PINE C		
4	Address	
PT ST LUCIE FL 34498 City,	66 State & Zip	
772-879-4475 Daytime T	elephone number	
info@bentpinepublishing	I.COM	t 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 I	NAME BENT PINE PUBLISHIN	IG CORP.	
The name of the c	corporation shall be:		11 JUL 22 PM 2: 26
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address Children is Ur STATE
	1402 SW BENT PINE COVE		TALLAHASSEE FLORIDA
į.	PT ST LUCIE FL 34986		· · · · · · · · · · · · · · · · · · ·
			
ARTICLE III	PURPOSE which the corporation is organized is:		
book wholes			
DOOK WHOLES	oale		
ARTICLE IV	SHARES		
	ares of stock is:100 shares		
ADTICLE U	INTERAL OPERADO ANTIMO DEDECADO	c	
	INITIAL OFFICERS AND/OR DIRECTOR: Fitle: RICHARD F. CROSBY, PRES.		RETTE LEE CROSBY - VP
Address:	1402 SW BENT PINE COVE		1402 SW BENT PINE COVE
11441055.	PT ST LUCIE FL 34986	_ 11441455.	PT ST LUCIE FL 34986
		-	
Name and T	Fitle:	Name and Title	:
Address:		Address:	· · · · · · · · · · · · · · · · · · ·
		-	
Nome and T	Fitle:	Nome and Title	
Address:	Title.	_ Nance and This	
Addiess.		_ Addiess.	
		-	
ARTICIÆ VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable) of	the registered age	nt is:
Name:	RICHARD F. CROSBY		
Address:	1402 SW BENT PINE COVE	-	
	PT ST LUCIE FL 34986	= =	
ARTICLE VII	INCORPORATOR		
	dress of the Incorporator is:		
Name:	RICHARD F. CROSBY		
Address:	1402 SW BENT PINE COVE	_	
	PT ST LUCIE FL 34986	-	
Having been nan	ned as registered agent to accept service of process	for the above stu	ated cornoration at the place designated in
	um familiar with and accept the appointment as regi		
0-	. 11		
- Kn	Lawterson		07-19-2011
,	Required Signature/Registered Agent		Date
submit this doc	ument and affirm that the facts stated herein are	true. I am aware	that the false information submitted in a
	Department of State constitutes a third degree felony		
10-	1 21		
15m	Required Signature/Incorporator		07-19-2011
•	- Required \$ignature/incorporator		Date