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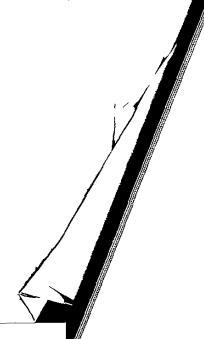


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SECRETARY OF STATE
FALLAHASSEE FLORIDA

MR) 8/2



COVER LETTER

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

SUBJECT: ZZS2, Inc.		
(PROPOSED CORPOR	ATE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the ar	rticles of incorporation an	d 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 C	OPY REQUIRED
FROM: Brian R. Frazier	ne (Printed or typed)	
9802 Baymeadows Roa	ad, Ste. 12 Address	······································
Jacksonville, FL 32256	y, State & Zip	
904-645-9301 Daytime	Telephone number	
zzs2inc@gmail.com E-mail address: (to be us	ed for future annual report	notification)

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)



The name of the	NAME ZZS2, Inc. corporation shall be:	11 AUG - L Pu
The name of the	corporation shall be:	11 AUG - 1 PM 1: 19
ARTICLE II	PRINCIPAL OFFICE	SECRETARY OF STATE Mailing addless A MAISSEE FLORIDA
	Principal street address	Mailing addless of all a see in LORIDA
	ZZS2, Inc. 9802 Baymeadows Road, Ste. 12 Jacksonville, FL 32256	
ADTICLE III	DIEDOSE	
	which the corporation is organized is: lawful business.	
ARTICLE IV The number of sh	SHARES hares of stock is: 1000	
ADTICLE U	INITIAL OFFICERS AND/OR DIRE	CWODS
		Name and Title: <u>Dennis J. Moats, Vice President/Sec</u> retal Address: <u>13959 Captain Hook Drive, N.</u>
Name and Address:		
Name and Address:	Title:	Name and Title: Address:
A 13/5/1/17 15: 171	REGISTERED AGENT	
	lorida street address (P.O. Box NOT accepta	ble) of the registered agent is:
Name:	Francis M. Boyer, Esq.	
Address:	9471 Baymeadows Road, St Jacksonville, FL 32256	
ARTICLE VII	INCORPORATOR	
The <u>name and ac</u>	ddress of the Incorporator is:	
Name: Address:	Brian R. Frazier 9802 Baymeadows Road, Ste Jacksonville, FL 32256	. 12
Having been nan his certificate, I d	med as registered agent to accept service of am familiar with and adeept the appointment Required Signature/Registered Agen	orocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
submit this doc	, , ,	in are true. I am aware that the false information submitted in a
document to the l	Denartment of State constitutes a third degree	felony as provided for in s.817.155, F.S.
	Sie K. Fran	July 28,2011
	Required Signature/Incorporator	Date*