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(F	Requestor's Name)			
(A	ddress)	-		
	Address)			
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PłCK-UP	☐ WAIT	MAIL		
<i>i</i> c	Business Entity Name)			
(0	Document Number)			
Certified Copies	Certificates of 9	Status		
Special instructions t	o Filing Officer			
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SECRETARY OF STATE TALLAHASSFE, FLORIDA

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## **COVER LETTER**

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

SUBJECT: Lifestyle Leisure Processor Corpora	ducts. Inc.	
(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:
\$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: Gerald W. Rose	(Printed or typed)	
23392 Kim Avenue	. 1.5	
Port Charlotte, FL 339	Address  954 State & Zip	
941-875-9900 Daytime To	elephone number	
Jerry@lsodk.com E-mail address: (to be used	for future annual report	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)

	corporation shall be:		
ARTICLE II	PRINCIPAL OFFICE	Maritima additional in	r J: <i>c</i> r
	Principal <u>street</u> address 23330 Harborview Rd	Mailing address, it	different is:
	Charlotte Harbor, FL 33980		
ARTICLE III	PURPOSE		
The purpose for	which the corporation is organized is:		
The sale an	nd manufacture of leisure products	and any lawful business related	
			5 p 3 m 2 m
			<u> </u>
ARTICLE IV			
The number of si	hares of stock is: 1000		13. <b>3.</b> S. S. <b>3.</b> S.
ADTICIE U	INITIAL OFFICERS AND/OR DIREC	MPS	
Name and	Title:Gerald W. Rose, President	Name and Title:	36 DA
Address:	23392 Kim Avenue	Address:	
	Port Charlotte, FL 33954		
		<del></del>	
Name and	Title:Kim F. Bose, Sec'y-Treas	Name and Title:	
Address:	23392 Kim Avenue	Address:	
	Port Charlotte, FL 33954		
Name and Title:Address:		Name and Title:	
Addiess.			
ARTICLE VI	REGISTERED AGENT		
	Florida street address (P.O. Box NOT acceptal	le) of the registered agent is:	
Name:	Gerald W. Rose		
Address:	23330 Harborview Rd Charlotte Harbor, FL 3398	<del></del>	
	Lianoue Harbor, FL 3396	<del></del>	
	INCORPORATOR		
	ddress of the Incorporator is:		
Name: Address:	Gerald W. Rose		
Address.	23330 Harborview Rd Charlotte Harbor, FL 33980	<u> </u>	
Having heen na	mgd as registered agent to accept service of p	rocess for the above stated corporation a	nt the place designated in
	an familiar with and accept the appointment		
	40000		- '
	HU) Kose		gust 1, 2011
	Required Signature/Registered Agen	i e e e e e e e e e e e e e e e e e e e	Date
submit this do	cuppent and affirm that the facts stated herei	n are true. I am aware that the false in	formation submitted in a
	Department of State constitutes a third degree		
X	MM 1 1 1/20.		
	TU W KOH	<u> </u>	ugust 1, 2011 Date
	Required Signature/Incorporator		Date