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COVER LETTER

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

SUBJECT: JCSEATTS, Inc		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles 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: Courtney Seatts Name 6616 Superior Avenue	e (Printed or typed)	
00 to Superior Avenue	Address	
Sarasota, Florida 3423 City,	1 , State & Zip	
(412)833-4567 Daytime 7	Felephone number	
astrokick@gmail.com E-mail address: (to be use	ed for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

SECRETFILED ATE TIONS

	In compliance with Chapter 607	and/or Chapter 621, F.S. (Profit)	DIVISION OF CORPORAT
ARTICLE I	NAME JCSEATTS, Inc		11 AUG 6 -
The name of the co	orporation shall be:		11 AUG 29 PH 1:4
ARTICLE II	PRINCIPAL OFFICE Principal street address 6616 Superior Avenue	Mailing address,	
	Sarasota, Florida 34231	Pittsburg	n. PA 15341
_			
ARTICLE III	PURPOSE		
	hich the corporation is organized is:		
ARTICLE IV	SHARES		
The number of shar			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS	
Name and Ti	itle:Courtney Seatts President	Name and Title:	
Address:	6616 Superior Avenue		
	Sarasota, Florida 34231		
Name and Ti Address:	itle:		
ridaress.			
			
Name and Ti	itle:	Name and Title:	
Address:		Address:	
4 DATA: D			
	REGISTERED AGENT rida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Courtney Seatts		
Address:	6616 Superior Avenue		
	Sarasota, Florida 34231		
ARTICLE VII	INCORPORATOR		
The <u>name and add</u>	<u>Iress</u> of the Incorporator is:		
Name:	Courtney Seatts		
Address:	6616 Superior Avenue Sarasota, Florida 34231		
	Sarasota, Florida 34231	 -	
	ed as registered agent to accept service of pro		
this certificate, I av	n familiar with and accept the appointment as	registered agent and agree to act in th	is capacity
/hou	string b. Hende		8/22/11
	Required Signature/Registered Agent		Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Date