## P110000085811

(Re	equestor's Name)	-
(Ad	ldress)	
(A.	ldress)	
(Ad	iaress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
(DC	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300210525573

09/30/11--01001--007 \*\*87.50

RECEIVED
11 SEP 29 PH 3: 54

FILED
11 SEP 29 PM 4: 00
SECRE MARY OF STATE

. 111

## **COVER LETTER**

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

SUBJECT: HOSKINS CONSTITUTION OF THE SUBJECT OF THE	ZTON INTERNAME-MUSTING	C
(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: Benjamih Haskins Name		
480 woodkirds	Address	
De-Coniak spring	5 FL 30 State & Zip	2433
850 307 20 Daytime T	elephone number	
Mone E-mail address: (to be used		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 II P	RINCIPAL OFFICE		
<i>5</i>	Principal <u>street</u> andress  SO WOODLANDS BO		address, if different is:
_	3243	<u> </u>	
he purpose for which	URPOSE the corporation is organized is:		⊶! Tero
The purpose for with	modeling, siding	)	
1 1 ( ( ) ( ) ( ) ( )	maching prigning		AP P T
			AS N
			9
ARTICLE IV S	HARES		<u>u</u> d 3
he number of shares	of stock is: 100		
	NITIAL OFFICERS AND/OR DI	RECTORS	<u>₹</u> 8
	Haskins construction	Name and Title:	)   ( )   (
Address:	Benjamin Huskins	Address:	
	Octiniak Springs Fl 3		
Name and Title Address:		Name and Title:	<del></del> :
Address.		Address.	
Name and Title	::	Name and Title:	
Address:			
			···.
			<del></del>
	EGISTERED AGENT		
Name:	la street address (P.O. Box NOT acc	ceptable) of the registered agent is:	
Address:	480 Wood lands BL		
	Actualis Springs FL	( 32433	
RTICLE VII II	VCORPORATOR		
	ss of the Incorporator is:		
Name: Address:	WARMIN HOLKINS	id.	
Address.	Octuniale & Pring ST	324/33	
Ingina have named	/ /		onation at the place decision at a
his certificator Lam I	as registered agent to accept service famili <b>ut</b> with and accept the appointn	e of process for the above stated corp nent as registered agent and agree to	oranon at the place aesignatea ( act in this capacity
40		3 3	et in
X-77			791 29 20
	Required Signature/Registered	Agent	Date
submit this docum	ent and affirm that the facts stated	herein are true. I am aware that the	
		egree felony as provided for in s.817.1	