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Special Instructions to Filing Officer:		
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COVER LETTER

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

SUBJECT:	TEMPLES SERVIO		
·	(PROPOSED CORPOR	ATE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an or	riginal and one (1) copy of the art	icles of incorporation ar	nd a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM:	ALBERT RANDALL TE	MPLES	
110	Nam	e (Printed or typed)	
	325 TEMPLES LANE		
_		Address	
	DAVENPORT FL 3383		
	863-421-2780	, State & Zip	
_	Daytime 7	Telephone number	
	ARTEMPLES@YAHOO.CO		
	E-mail address: (to be use	ed for future annual repor	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)

The name of the corporation shall be: TEMPLES SERVICES INC ARTICLE II PINCIPAL OFFICE Principal street address 325 TEMPLES LANE DAVENPORT FL 33837 ARTICLE III PURPOSE The purpose for which the corporation is organized is: MISC. CONSTRUCTION ARTICLE IV SHARES The number of shares of stock is: 1000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: ALBERT DANIEL TEMPLES PRESENCE and Title: Address: 245 TEMPLES LANE DAVENPORT FL 33837 Name and Title: ALBERT RANDALL TEMPLES V-Napred Title: Address: 325 TEMPLES LANE DAVENPORT FL 33837 Name and Title: Address: Address: Address: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: ALBERT RANDALL TEMPLES Address: 325 TEMPLES LANE DAVENPORT FL 33837 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: ALBERT RANDALL TEMPLES Address: 325 TEMPLES LANE DAVENPORT FL 33837 ARTICLE VII INCORPORATOR The name and address of the incorporator is: Name: ALBERT DANIELT TEMPLES Address: 245 TEMPLES LANE DAVENPORT FL 33837 Having been named as registered agent to accept the appointment as registered agent and agree to act in this capacity in the control of the composition of the place of this certificate, I am familian with and accept the appointment as registered agent and agree to act in this capacity and the facts stated therein are true. I am aware that the false information submit this document and affirm that the facts stated herein are true. I am aware that the false information submit this document and affirm that the facts stated herein are true. I am aware that the false information submit this document and affirm that the facts stated herein are true. I am aware that the false information submit this document and affirm that the facts stated herein are true. I am aware that the false information submit the facts stated herein are true. I am aware that the false information submit the facts sta	
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