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| (Requestor's Name)                      |  |  |  |  |
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| (Address)                               |  |  |  |  |
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| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
|   |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Dusiness Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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T. Burch OCT 3 1 2011.

## COVER LETTER

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

|                                    | 3                                     |                                  |                                       |  |
|------------------------------------|---------------------------------------|----------------------------------|---------------------------------------|--|
| SUBJECT:                           | Hassebrock On                         |                                  |                                       |  |
|                                    | (PROPOSED CORPORA                     | TE NAME – <u>MUST INC</u>        | LUDE SUFFIX)                          |  |
|                                    |                                       |                                  |                                       |  |
| Enclosed are an or                 | riginal and one (1) copy of the arti  | cles of incorporation ar         | nd a check for:                       |  |
| _                                  |                                       |                                  | · · · · · · · · · · · · · · · · · · · |  |
| \$70.00                            | <b>₹</b> 878.75                       | \$78.75                          | \$87.50                               |  |
| ☐ Filing Fee                       | Filing Fee & Certificate of Status    | ☐Filing Fee                      | Filing Fee,                           |  |
|                                    | & Certificate of Status               | & Certified Copy                 | Certified Copy & Certificate of       |  |
|                                    |                                       |                                  | Status                                |  |
|                                    | <i>!</i>                              | ADDITIONAL C                     | OPY REQUIRED                          |  |
|                                    |                                       |                                  |                                       |  |
|                                    |                                       |                                  |                                       |  |
|                                    |                                       |                                  |                                       |  |
| FROM:                              | Gay C.                                | Hassebrock<br>(Printed or typed) |                                       |  |
|                                    | Name                                  | (Printed or typed)               |                                       |  |
|                                    | 51 Hic                                | ahway 07                         |                                       |  |
|                                    | Address                               |                                  |                                       |  |
|                                    |                                       |                                  |                                       |  |
| Molino, FL 32577 City, State & Zip |                                       |                                  |                                       |  |
|                                    | City,                                 | State & Zip                      |                                       |  |
|                                    | 950 5                                 | 507 6440                         |                                       |  |
|                                    | 850-587-5110 Daytime Telephone number |                                  |                                       |  |
|                                    | •                                     | •                                |                                       |  |
|                                    | bengay@f E-mail address: (to be used  | <u>rontiernet.net</u>            |                                       |  |
|                                    | 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)

| The name of the corpo                   |   |   |                              |
|---|---|---|------------------------------|
| ARTICLE II P                            | RINCIPAL OFFICE Principal street address                                  | Mailing address,  | if different is:             |
| 51                                      | Highway 97  | <del>-</del> .  |                              |
|   | ino. FL 32577   |   |                              |
|   |   |   |                              |
|   | mnoce   |   |                              |
| ARTICLE III PU                          | th the corporation is organized is:                                       |   |                              |
|   | the corporation is to conduct any   | lawful purpose or purpose:  | c 75,3%                      |
| mo purpode er                           | co.poranom to to common any   |   | ## <b>66</b> 1               |
|   |   |   |                              |
|   |   |   |                              |
|   |   |   | <u> </u>                     |
| ARTICLE IV S                            | HARES   |   | <b>35 5</b>                  |
| The number of shares                    |   |   | •                            |
| ADOTOLD II I                            | VITIAL OFFICERS AND/OR DIRECT   | 7PC   |                              |
|   | :Gay C. Hassebrock, President   |   |                              |
| Address:                                | 51 Highway 97   | Address:  |                              |
|   | 51 Highway 97<br>Molino, FL 32577   |   |                              |
|   |   |   | <del></del>                  |
| Name and Title                          |   | Name and Title  |                              |
| Address:                                | :   | Address:  |                              |
| Addiess.                                |   |   |                              |
|   |   |   |                              |
|   |   |   |                              |
|   | :   | Name and Title:   |                              |
| Address: _                              |   |   |                              |
|   |   |   |                              |
|   |   |   |                              |
|   | EGISTERED AGENT   | \ a64b- m-sistemadt is.   |                              |
| Name:                                   | la street address (P.O. Box NOT acceptable<br>Corporation Service Company |   |                              |
| Address:                                | 1201 Hays Street  |   |                              |
| 10000                                   | Tallahassee, FL 32301   |   |                              |
|   | •   | •   |                              |
|   | NCORPORATOR   | •   |                              |
| Name:                                   | ss of the Incorporator is: Gay C. Hassebrock                              |   |                              |
| Address:                                | 51 Highway 97   | <del></del>   |                              |
| ,                                       | Molino, FL 32577  | <del></del>   |                              |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |   |                              |
| Having been namea                       | as registered agent to accept service of pro                              | cess for the above stated corporation<br>registered agent and games to get in t | n at the place designated in |
| Tan                                     | familiar with and accept the appointment po                               | regisiereu ageni ana agree io aci in a  | ны сарасну<br>\              |
| in or                                   | Sonal HALLMO  |   | 12/18/11                     |
| $- \mu \nu \nu$                         | Required Signature/Registered Agent                                       | <del>-</del>  | Date                         |
| / \                                     | required Signature registeral Agent                                       |   | Date                         |
| I sybmit this docum                     | ent and affirm that the facts stated herein                               | are true. I am aware that the false   | information submitted in a   |
| document to the Dep                     | artment of State constitutes a third degree fe                            | lony as provided for in s.817.155, F.S  | S                            |
| X Min /                                 | 0 - 5/0 · · · · · · · · · · · · · · · · · ·                               |   | 12/2/11                      |
| - w                                     | Charle vive   |   | 10/06/11                     |
| / 1                                     | Required Signature/Incorporator   |   | Date                         |