(Re	equestor's Name)	-
(Ad	ldress)	
(Ad	idress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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: Johanna Leeman, Inc.			<u></u>
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)	
Enclosed are an original and one (1) copy of the arti-	cles of incorporation an	d a check for:	
•			
\$70.00 \$78.75	\$78.75	\$87.50	
Filing Fee Filing Fee	☐Filing Fee	□Filing Fee,	
& Certificate of Status	& Certified Copy	Certified Copy	
	1	& Certificate of	
	ADDITIONALO	Status	
	ADDITIONAL C	OPY REQUIRED	
FROM: Johanna Leeman	/B :	<u> </u>	
Name	(Printed or typed)		
OCEA Deals Island Dead	#400		
2651 Rock Island Road,	#109 Address		
F	idul 035		
Margata El 22062			
Margate, FL 33063	State & Zip		
Ony,	51410 & 21p	-	<u> </u>
954-775-0213		<u> </u>	MILOCI 3
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JOLIZLEE@hotmail.com		=	是
JOLIZLEE@hotmail.com E-mail address: (to be used	for future annual report	notification)	
		2	

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 I).	SECRETARY OF SIA SIVISION OF COREDIAN
ARTICLE II	PRINCIPAL OFFICE Principal street address	_	2011 OCT 31 PM 1: Mailing address, if different is:
	2651 Rock Island Road, #109 Margate, FL 33063		
ARTICLE III	PURPOSE		
The purpose for w	which the corporation is organized is: tion shall engage in any activity or b f the State of Florida	usiness permi	tted under the laws of the United
ARTICLE IV The number of sha	SHARES res of stock is: maximum of 10,000 shar	es of common	stock at \$0.01 par value
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	ORS .	
Name and Tail Address:	itle: Johanna Leeman - P. T. S 2651 Rock Island Road, #109 Margate, FL 33063	Address:	e:David Leeman, VP 2651 Rock Island Road, #109 Margate, FL 33063
Name and Ti Address:	itle:		e:
Name and Table Address:	itle:	Name and Titl Address:	e:
	REGISTERED AGENT	<u> </u>	
The <u>name and Flo</u> Name:	rida street address (P.O. Box NOT acceptable) Johanna Leeman	of the registered ag	ent is:
Address:			
ARTICLE VII	INCORPORATOR		
The <u>name and add</u>	Iress of the Incorporator is:		
Name: Address:	Johanna Leeman 2651 Rock Island Road, #109 Margate, FL 33063		
Having been name his certificate, I an	ed as registered agent to accept service of proc n familiar with and accept the appointment as r	ess for the above si egistered agent and	tated corporation at the place designated in agree to act in this capacity
MOK	nm Xooman		10/25/11
()	Required Signature/Registered Agent		Date
	ment and affirm that the facts stated herein a epartment of State constitutes a third degree felo		
Som	una Zooman		10/25/11
(7, ~~	Required Signature/Incorporator		Date