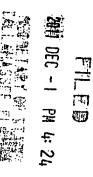
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Office Use Only

COVER LETTER

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

SUBJECT: LLS Tax Solutions Inc.		
(PROPOSED CORPORA	ΓΕ 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: Linda L Scott	(Printed or typed)	
3545 St. Johns Bluff Roa	id South, Suite 1	# 310
Jacksonville, Florida 322 City,	224 State & Zip	
904-642-6200 Daytime To	elephone number	
Ilstaxcpa@gmail.com E-mail address: (to be used	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)

Principal street address			Mailing ad	dress, if different is	::		
	45 St. Johns Bluff Road South, ite 1 # 310	•	same				
Jac	cksonville, FL 32224						
ARTICLE III P			•	ŕ	Trans Life	(0.7)	
	ch the corporation is organized is:			i.		77/1	
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ARTICLE IV S	WADEC				12. ₁₇	\mathbb{F}	
The number of shares				:	A	ŧ:	
APTICIE V I	NITIAL OFFICERS AND/OR DIRECTO	: 1 2 5			1	24	
	Linda L Scott, President		and Title:				
Address:	2948 Sans Pareil Street	Addre	ess:				
Jacksonville, Florida 32246	Jacksonville, Florida 32246						
N. Arriva	3:		Crist-		· ·		
Name and Title Address:	3:	Name Addre	sand Title:				
							
	a·	Name	and Title:				
Address:							
ARTICLE VI R	EGISTERED AGENT						
The name and Flori	da street address (P.O. Box NOT acceptable)	of the regi	stered agent is:				
Name: Address:	Erica K. Ervin 7111 North Blue Angel Parkway, Apt.						
Audiess.	Pensacola, Florida 32526						
ARTICLE VII I	·						
	ess of the Incorporator is:						
Name:	Linda L. Scott	•					
Address:	2948 Sans Pareil Street Jacksonville, FL 32246						
Hanley have someth	as registered agent to accept service of proc	eace for the	ahova statad corna	ration at the place	designat	ed in	
	familiar with and accept the appointment as i				iicaig/iiii	L	
6.	de qui			44 20	304		
WICA	Required Signature/Registered Agent			<u> 11 - 28</u>	<u>- 201]</u>	<u>L</u>	
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	ent and affirm that the facts stated herein c artment of State constitutes a third degree fel				submitted	in a	
aocument to the trep	arment of state constantes a tura degree fer	ony as proi	чиси јиг иг s.ө г /. Г	,, e	1		
$(\Lambda \nu$	nda Ø. Scott			11/2	8/20	<u>//</u>	
	Required Signature/Incorporator			D	ate		