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Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
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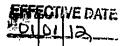
## **COVER LETTER**

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

SUBJECT: JL SCHARIS //	VC,			
(PROPOSED CORPORAT	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			
	ADDITIONAL C	& Certificate Status OPY REQUIRED		
TEFFAIN SCHI	ul C			
FROM: JEFFNEY SCHAM	(Printed or typed)			
	71 WAY			
MRKUND, F	C 33067		31VI <b>201</b>	
			OBO FION	,.
954-330- Daytime Te	2768 Elephone number		<b>5</b>	2 2 2 2 3 3 4 5 7 7 7
JEFFSCHIMIS @ BEL E-mail address: (to be used		notification)	PM 2: I	

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 co	NAME rporation shall be: TL SCHA	FIS INC.	• •
ARTICLE II	PRINCIPAL OFFICE Principal street address		ailing address, if different is:
-	7758 NW 71 WA	¥	
_	TARK CAND TO 330	<del></del>	20 2
	PURPOSE hich the corporation is organized is:		SION
The purpose for wi	CONSULTING		<b>-5</b>
			PA Pa
			<b>?</b>
ARTICLE IV The number of shar	SHARES / O O		
ARTICLE V	INITIAL OFFICERS AND/OR DIF	RECTORS	
Name and Ti Address:	TEFFNOY SCHAMIS		
riddioss,	7758 NW 71 WA	-	
N 4 T:		Nome and Title	
Address:	tle:		
			······································
Name and Ti	tle:		
		Address:	
	REGISTERED AGENT rida street address (P.O. Box NOT acce	eptable) of the registered agent	is:
Name: Address:	JEFFNEY SCHAMIS	W ML	
Auuress.		067	
	INCORPORATOR	10	ARTICLE VIII-EFFECTIVE
The <u>name and add</u> Name:	Iress of the Incorporator is:  JESTAEY SCHAMIS	- John	DATE:
Address:	MIKLAND, FL 3	3067	ARTICLE VIII-EFFECTIVE DATE: - JANUARY 1, 2012
Having been name	ed as registered agent to accept service	of process for the above state	ed corporation at the place designated in
this certificate, I an	n familiar withoand accept the appointm	ent as registered agent and ag	, ,
	- The		12/3/11
	Required Signature/Registered A		/ Daite
	ment and affirm that the facts stated he epartment of Stafe constitutes a third deg		that the false information submitted in a s.817.155, F.S.
	411		12/2/11
	Required Signature/Incorpora	ator	