P11000107424

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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SECHERAY OF STATE



COVER LETTER

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

SUBJECT:	SanCap Online, Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)	
Enclosed are an ori	iginal and one (1) copy of the artic	cles of incorporation an	d a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status	
		ADDITIONAL C	OPY REQUIRED	
FROM: Leonardo E. Ferreira Name (Printed or typed)				
	11657 Rock Lake Ter			
_	11657 Rock Lake Ter Address			
Boynton Beach, FL 33473 City, State & Zip				
_	561-739-8995 Daytime Telephone number			
ferreira09@comcast.net 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)

	NAME SanCap Online, Inc.	ш от Сла ри т од 1, 1	AND
The name of the corp	poration shall be:		t the control of the
ARTICLE II	PRINCIPAL OFFICE		Mailing address, if different is: 09
	Principal street address		Mailing address, if different is:
	657 Rock Lake Ter		SECTION AND DESCRIPTION
<u>Bc</u>	bynton Beach, FL 33473		SECTION OF STATE TALLAHASSEE FLORIDA
			
ARTICLE III P			
	ich the corporation is organized is: of the corporation is to conduct any I	lawful nurnose	or nurnoses
The purpose of	in the corporation to to contact any .	ama parpood	o, parposse.
The number of share			
The number of share	s of stock is: Too		
	INITIAL OFFICERS AND/OR DIRECTOR		
	e:Leonardo E. Ferreira, President/Treasure		
Address:	11657 Rock Lake Ter	Address:	Pointer Booch El 22472
	Boynton Beach, FL 33473	_	Boynton Beach, FL 33473
	e:	Name and Title	
Address:		Address:	
		_	
S. Lemin			
Name and Titl Address:	e;	Name and Title	
Address:		Address.	
		_ _	
ARTICLE VI	REGISTERED AGENT		
	da street address (P.O. Box NOT acceptable) o	of the registered age	nt is:
Name:	Leonardo E. Ferreira		
Address:	11657 Rock Lake Ter		
	Boynton Beach, FL 33473	_	
ARTICLE VII I	NCORPORATOR		
	ess of the incorporator is:		
Name:	Leonardo E. Ferreira	_	
Address:	11657 Rock Lake Ter		
	11657 Rock Lake Ter Boynton Beach, FL 33473		
Having been named	l as registered agent to accept service of proces	ss for the above sta	ated corporation at the place designated in
	familiar with and accept the appointment as reg		
			4.
	erreino		12//5/11
	Required Signature/Registered Agent		Date
I submit this docum	ent and affirm that the facts stated herein are	e true. I am aware	that the false information submitted in a
	pa riment of State constitutes a third degree felon		
	/		in her his
K X	terreiro.		12/15/11.
	Required Signature/Incorporator		/ Dale