## P1200000878

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
	WAIT	MAIL			
L PICK-OF	VVAII	L WALL			
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(Bu	siness Entity Na	me)			
(Do	cument Number	)			
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Certified Copies	Cortificate	se of Statue			
Certified Copies	Certificate	s of Status			
Special Instructions to	Filing Officer:				
•					

Office Use Only



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JIVISION OF CORPORATIONS TALL ANABSEF, FLORIDA

RECEIVED

12 JAN -4 PM 3: 36

SECRETARY OF STATE INISION OF CORPORATIONS

Ps 1/4/12

## **COVER LETTER**

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

SUBJECT: 5 + Family Co (PROPOSED CORPORA)	mstruction. 7	Enc
(PROPOSED CORPORA	TE 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	& Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROM: Walden Lane Name	(Printed or typed)	<u>.                                    </u>
SS25 Bannerman	Bluff Dr.	
Tallahasse, FL City,	32312 State & Zip	,
386 - 336 - 31.  Daytime To	5 / elephone number	
<u> </u>	ofmail. Com	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)

FILED SECRETARY OF STATE CORPORATIONS

ARTICLE I	NAME		DIVISION OF CORPORATION
The name of the cor	poration shall be: 3 & Family Core	struction, Inc	12 JAN -4 PM 3: 36
	Principal office Principal street address 5525 Bankeman Duff Do. Talkabassey Fr. 32312	Mailing address	_
ARTICLE III 1	PURPOSE		
	ich the corporation is organized is:		
Fro	iming of		
all la	iming of . wful business		
ARTICLE IV			
The number of share	es of stock is: 100		
	INITIAL OFFICERS AND/OR DIRECTORS 10: James Lanc - President \$535 Brownerman Bluff Or CULLIBRISHING FL 32312	Name and Title:Address:	
Name and Tit Address:	le: Nalden Lane We president Same as above	Address:	
Name and Tit Address:	le:	Name and Title:Address:	
	REGISTERED AGENT		
Name:	ida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Address:	RESES Barragner Buff D	<b>K</b> -	
ARTICLE VII	INCORPORATOR		
The name and add Name:	ress of the Incorporator is:		
Address:	TELLA CONTRACTOR PLUTEDA	<u>.</u>	
	d as registered agent to accept service of process familiar with and accept the appointment as regis		
Wala	Required Signature/Registered Agent		1(4/12 Date
	nent and affirm that the facts stated herein are t partment of State constitutes genird degree felony		
<u> Wa</u>	Required Signature/Incorporator		1/4/12 Date