P120000171610

(Re	questor's Name)			
(Requestor's Name)				
(Address)				
,	u1033)			
(Address)				
(Address)				
(Cit	ry/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nam	e)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
:				

Office Use Only



400216058664

01/12/12--01010--011 **78.75

12 JAN 12 PH 1: LL
SECRETARY OF TATE
TALLAHASSEE, FLORIDA

of 1/13/12

COVER LETTER

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

SUBJECT: Must Have Info Inc. (PROPOSED CORPORA)	TE NAME – MUST INCL	UDE SUFFIX)	_	
Enclosed are an original and one (1) copy of the article \$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM: <mark>Samantha G. Saldukas</mark> Name	(Printed or typed)		12.	
	Address	At Asset	2 JAN 12 PM	FILED
Naples, FL 34109 City, 239-293-2940	State & Zip	FLORIDA FLORIDA FLORIDA	## # :: ##	U
Daytime To Daytime To Samsaldukas@aol.com E-mail address: (to be used	elephone number I 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)

ARTICLE I NAME Must Have Info Inc The name of the corporation shall be:			FILED		
			12 JAN 12 PM 1: 41		
ARTICLE II P	RINCIPAL OFFICE		- 5.11 12 111 1: 40		
	Principal <u>street</u> address 15 Panther Lane #151 ples, FL 34109		Mailing address, if different is: NOT ATE I ALL AHASSEE, FLORIU		
ARTICLE III PI The purpose for whice Publishing Con	ch the corporation is organized is:		Pr. aten.		
	of stock is:100,000	.	·		
	NITIAL OFFICERS AND/OR DIRECTO. Samantha G. Saldukas, President 1415 Panther Lane #151 Naples, Ft. 34109	Name and Title Address:			
Name and Title Address:					
Name and Title Address:	:	Address:	<u> </u>		
	EGISTERED AGENT				
The <u>name and Florid</u> Name:	la street address (P.O. Box NOT acceptable) o		nt is:		
Address:	Samantha G. Saldukas 1415 Panther Lane #151 Naples, FL 34109				
ARTICLE VII II	VCORPORATOR				
	ss of the Incorporator is:				
Name:	Samantha G. Saldukas	<u></u>			
Address:	1415 Panther Lane #151 Naples, FL 34109	<u> </u>			
Having been named this certificate, I om f	as registered agent to accept sarvice of proce amiliar with and accept the oppointment as re	ss for the above sta gistered agent and c	ted corporation at the place designated in gree to act in this capacity		
//2			1/9/12		
- How	Required Signature/Registered Agent		Date		
I submit this docume document to the Depa	ent and affirm that the facts stated herein ar artment of State constitutes a third degree felor	e true. I am aware ny as provided for in	that the false information submitted in a s.817.155, F.S.		
Leit			1/9//2.		
1	Required Signature/Incorporator		Date		