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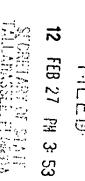
(Requestor's Name)				
(Address)				
(Ac	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Bu	ısiness Entity Naı	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

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

SUBJECT: Old Hag's Cafe Inc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation ar	nd a check for:
\$70.00 \$78.75 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: Gabrielle E. Woodward	e (Printed or typed)	
1423 Mixon Drive		
Fort Walton Beach, I	Address Florida 32547 State & Zip	
850-315-1072 Daytime T	Celephone number	
GabrielW2000@cox E-mail address: (to be use	net d for future annual report	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)

The name of the cor	poration shall be: Old Hag	's Cafe.	Inc ED	
ARTICLE II				
10	Principal <u>street</u> address D Eglin Parkway	Mailing add	ress, if different is:	
E0	D Eglin Parkway ort Walton Beach, Florida 2547	Fort Walton Bea	ress, if different is:	
ARTICLE III F		<u>J2J41</u>		
	ich the corporation is organized is:			
a rec	taurant/deli t	facility		
aics	tadiani/den	lacility		
ARTICLE IV	SHARES			
The number of share	es of stock is 500 effective da	te of corporatio	n March 1, 2012	
	INITIAL OFFICERS AND/OR DIRECTOR			
Name and Titl Address:	le:Gabrielle E, Woodward President 1423 Mixon Drive	Name and Title:		
radios.	Fort Walton Beach, Florida	Address.		
	32547			
Name and Titl	le:Jackie Tway Director 520 Driftwood Lane	Name and Title:		
Address:	Destin, Elorida	Address:		
	32541			
Name and Titl			· · · · · · · · · · · · · · · · · · ·	
Address:		Address:		
ARTICLE VI	REGISTERED AGENT			
The <u>name and Flori</u> Name:	ida street address (P.O. Box NOT acceptable) o Gabrielle E. Woodward	f the registered agent is:		
Address:	1423 Mixon Drive	_		
	Fort Walton Beach, Fl 3254	<u>.</u> 7		
	INCORPORATOR			
The <u>name and addr</u> Name:	ress of the Incorporator is: Gabrielle E. Woodward			
Address:	1423 Mixon Drive			
	Fort Walton Beach, FI 3254	.7		
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in				
this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity				
Palorier &	Required Signature/Registered Agent	E. Woodward	2-23-2012	
	Required Signature/Registered Agent	<u> </u>	Date	

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator Date Date