## P12000024523

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

Office Use Only



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12 MAR -9 AM II: 43

PS 3/13/12

## **COVER LETTER**

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

<b>SUBJECT: Professional Office Ma</b>	nagement, Ind	o
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation an	d 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: Linda Sharf	e (Printed or typed)	
7100 W. Camino Real, S	Suite 302 Address	
Boca Raton, FL 33433 City,	State & Zip	
954-464-4455 Daytime T	elephone number	
mccamnanny@yahoo.co E-mail address: (to be use	om 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)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLE I The name of the corp		agement, Inc	12 MAR -9 AH II: 4
71	PRINCIPAL OFFICE Principal street address 00 W. Camino Real, Suite 302 ca Raton, FL 33433		ddress, if different is:
ARTICLE III P The purpose for whi Secretarial Sei	ch the corporation is organized is:		
ARTICLE IV S The number of shares	SHARES s of stock is: 100		
		•	
	NITIAL OFFICERS AND/OR DIRECTOR e:Linda Sharf, President 7100 W. Camino Real, Suite 302 Boca Baton, FL 33433	Name and Title: Address:	
Name and Title Address:	e:	Address:	
Name and Title Address:	e:	Name and Title: Address:	
	REGISTERED AGENT da street address (P.O. Box NOT acceptable) of	The registered agent is:	
Name: Address:	Linda Sharf 7100 W. Camino Real, Suite 302 Boca Baton, FL 33433	-	
ARTICLE VII I	NCORPORATOR		
The name and addre	ess of the Incorporator is:		
Name: Address:	Linda Sharf 7100 W. Camino Real, Suite 302 Boca Raton, FL 33433	- - -	
this certificate, I am	as registered agent to accept service of process familiar with and accept the appointment us reg		
Linda	Sharf		March 6, 2012
	Skarf Required Signature/Registered Agent	<del></del> _	Date
I submit this docum	ent and affirm that the facts stated herein are vartment of State constitutes a third degree felony		
Linda	About Resulted Signature/Incorporator		March 6, 2012 Date