P12000028172

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·		
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

500222405895

02/27/12--01034--011 **87.50

T2 MAR 22 PM I2: 25
SECRETARY OF STATE
AND AHASSEE, FLORID

Office Use Only

1091-W12000011503

m 3/23

COVER LETTER

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

SUBJECT: Scales Carpentry Co.		
(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	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROM: Gary Scales	(Printed or typed)	
5283 White Ave		
A	Address	
Port Charlotte, Fl. 3398	1 State & Zip	
941-234-7851 Daytime Te	elephone number	
greggotch@verizon.net E-mail address: (to be used	for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 28, 2012

GARY SCALES 5283 WHITE AVENUE PORT CHARLOTTE, FL 33981

SUBJECT: SCALES CARPENTRY CO.

Ref. Number: W12000011503

We have received your document for SCALES CARPENTRY CO. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 612A00008106

Division of Compositions D.O. DOV 6297 Tollahassas Elevida 2001

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	5283 White Ave		
	Port Charlotte, FI 33981		
ARTICLE III	PURPOSE		
	which the corporation is organized is:		2
To be a lega	al business		MAR 22 PM
ARTICLE IV The number of sh	SHARES vares of stock is 100		(12: 25 FLORID FLORID
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	rors	Tr.
	Title:Gary Scales	Name and Ti	itle:Gary Scales, President
Address:	5283 White Ave	Address:	5283 White Ave.
	Port Charlotte, FI 33981		Port Charlotte, FI 33981
Name and	Fitle:	Name and T	itle:
Address:			
			
Name and T	Гitle:	Name and T	itle·
		ranic and r	itio.
Address:		Address:	
		Address:	
Address:		Address:	
Address:	REGISTERED AGENT	Address:	
Address:	REGISTERED AGENT orida street address (P.O. Box NOT acceptable	Address: e) of the registered a	
Address: ARTICLE VI The name and F	REGISTERED AGENT	Address: e) of the registered a	
Address: ARTICLE VI The name and FI Name:	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) Gary Scales	Address: e) of the registered a	
Address: ARTICLE VI The name and FI Name: Address:	REGISTERED AGENT orida street address (P.O. Box NOT acceptable Gary Scales 5283 White Ave. Port Charlotte, Fl. 33981	Address: e) of the registered a	
Address: ARTICLE VI The name and FI Name: Address: ARTICLE VII	REGISTERED AGENT orida street address (P.O. Box NOT acceptable Gary Scales 5283 White Ave. Port Charlotte, Fl. 33981	Address: e) of the registered a	
Address: ARTICLE VI The name and FI Name: Address: ARTICLE VII The name and ad Name:	REGISTERED AGENT orida street address (P.O. Box NOT acceptable Gary Scales 5283 White Ave. Port Charlotte, Fl. 33981 INCORPORATOR	Address: e) of the registered a	
Address: ARTICLE VI The name and FI Name: Address: ARTICLE VII The name and ad	REGISTERED AGENT orida street address (P.O. Box NOT acceptable Gary Scales 5283 White Ave. Port Charlotte, Fl. 33981 INCORPORATOR Idress of the Incorporator is: Gary Scales 5283 White Ave.	Address: e) of the registered a	
Address: ARTICLE VI The name and FI Name: Address: ARTICLE VII The name and ad Name:	REGISTERED AGENT orida street address (P.O. Box NOT acceptable Gary Scales 5283 White Ave Port Charlotte, Fl. 33981 INCORPORATOR Idress of the Incorporator is: Gary Scales	Address: e) of the registered a	
Address: ARTICLE VI The name and FI Name: Address: ARTICLE VII The name and ad Name: Address:	REGISTERED AGENT orida street address (P.O. Box NOT acceptable Gary Scales 5283 White Ave. Port Charlotte, Fl. 33981 INCORPORATOR Idress of the Incorporator is: Gary Scales 5283 White Ave.	e) of the registered a	stated corporation at the place designated in
Address: ARTICLE VI The name and FI Name: Address: ARTICLE VII The name and ad Name: Address:	REGISTERED AGENT orida street address (P.O. Box NOT acceptable Gary Scales 5283 White Ave Port Charlotte, Fl. 33981 INCORPORATOR Idress of the Incorporator is: Gary Scales 5283 White Ave Port Charlotte, Fl. 33981 med as registered agent to accept service of proton familiar with and accept the appointment as	e) of the registered a	stated corporation at the place designated in
Address: ARTICLE VI The name and FI Name: Address: ARTICLE VII The name and ad Name: Address:	REGISTERED AGENT orida street address (P.O. Box NOT acceptable Gary Scales 5283 White Ave. Port Charlotte, Fl. 33981 INCORPORATOR Idress of the Incorporator is: Gary Scales 5283 White Ave. Port Charlotte, Fl. 33981 med as registered agent to accept service of pre-	e) of the registered a	stated corporation at the place designated in ad agree to act in this capacity
Address: ARTICLE VI The name and FI Name: Address: ARTICLE VII The name and ad Name: Address: Idving been name is certificate, I do	REGISTERED AGENT orida street address (P.O. Box NOT acceptable Gary Scales 5283 White Ave Port Charlotte, Fl. 33981 INCORPORATOR Idress of the Incorporator is: Gary Scales 5283 White Ave Port Charlotte, Fl. 33981 med as registered agent to accept service of proton familiar with and accept the appointment as	e) of the registered a	stated corporation at the place designated in ad agree to act in this capacity O2/19/2012 Date That the false information submitted in a
Address: ARTICLE VI The name and FI Name: Address: ARTICLE VII The name and ad Name: Address: Idving been name is certificate, I do	REGISTERED AGENT orida street address (P.O. Box NOT acceptable Gary Scales 5283 White Ave Port Charlotte, Fl. 33981 INCORPORATOR Idress of the Incorporator is: Gary Scales 5283 White Ave Port Charlotte, Fl. 33981 med as registered agent to accept service of present familiar with and accept the appointment as Required Signature/Registered Agent ument and affirm that the facts stated herein	e) of the registered a	stated corporation at the place designated in ad agree to act in this capacity O2/19/2012 Date That the false information submitted in a