## P12000035650

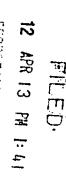
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer:	
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Office Use Only



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## **COVER LETTER**

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

SUBJECT: ActOn Trading, INC.		
(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	nd 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: Marilyn K. Lee	(Printed or typed)	
5410 Cappleman Loop		
A A	Address	,
Brooksville, FL 34601 City,	State & Zip	
352 650 0354 Daytime Te	elephone number	
rdlez@tampabay.rr.com E-mail address: (to be used	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 The name of the co	NAME ActOn Trading, INC. prporation shall be:		4
ARTICLE II	PRINCIPAL OFFICE		•
	Principal street address	M	ailing address, if different is
Ė	410 Cappleman Loop	<del></del>	
Ē	Brooksville, FL 34601		12 APR 13 PM
ARTICLE III	PURPOSE		SPORTION
	hich the corporation is organized is:		TALL MALES
Import/Expor	τ		or of the
			•
ARTICLE IV The number of sha	SHARES res of stock is: 1000		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	YORS	
Name and Ti	itle:	Name and Title:	
Address:	Marilyn K. Lee, President		410 Cappleman Loop
		B	rooksville, FL 34601
Massa and Ti	illa Dishard D. Land D. Land D. Land		410 Cappleman Loop
Address:	itle:Richard D. Lee, Secretary Treas	Address: R	rooksville. FL 34601
		<del></del>	
	tle:		
Address:		Address:	
ARTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable	e) of the registered agent	is:
Name: Address:	Marilyn K. Lee 5410 Cappleman Loop	<del></del>	
Address.	Brooksville, FL 34601	<del></del> -	
ADTICLE UII	INCORPORATOR		
	ress of the Incorporator is:		
Name:	Marilyn K. Lee		
Address:	5410 Cappleman Loop Brooksville, FL 34601	<u> </u>	
	Brooksville, FL 34601	<del></del>	
	ed as registered agent to accept service of pro n familiar with and accept the appointment as		
$-\mathcal{N}$	arlyn K. Lee Required Signature/Registered Agent		04/11/2012
	Required Signature/Registered Agent	<del></del>	Date
ocument to the De	ment and affirm that the facts stated herein epartment of State constitutes a third degree fe	lony as provided for in s	nat the false information submitted in a .817.155, F.S.
h	arilyn K Lee		0444470000
	arun T. vee	<u> </u>	04/11/2012