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(Requestor's Name)			
(Address)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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CÓVER LETTER

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

SUBJECT: Frutchey Accounting S	ervices, Inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE <u>SUFFIX</u>)
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
	ADDITIONAL C	OPY REQUIRED
FROM: Constance M. Frutchey, C	CPA (Printed or typed)	
1027 16th St N		45.444
Jacksonville Beach, FL City,	Address 32250 State & Zip	·
904-487-0080 Daytime T	elephone number	
connie@fascpa.net E-mail address: (to be used	d for future annual report	notification)

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the corp		vices, Inc.		
10	PRINCIPAL OFFICE Principal <u>street</u> address 127 16th St N cksonville Beach, FL 32250		Mailing address, if different is:	
ARTICLE III P The purpose for wh Any and all law	ich the corporation is organized is:	- Address		
ARTICLE IV S The number of share	s of stock is:100			
	e:Constance M. Frutchey - President 1027 16th St N Jacksonville Beach, FL 32250	Name and Title:Address:		
Name and Titl Address:	e:Blake D. Frutchey - Vice President 1027 16th St N Jacksonville Beach, FL 32250	Address:		
Name and Titl Address:	e:	Address:		
ARTICLE VI	REGISTERED AGENT		? <u>-</u>	
	da street address (P.O. Box NOT acceptable) of the Constance M. Frutchey 1027 16th St N Jacksonville Beach, FL 32250	ne registered agent is:	12 HAY IL SECONDIAN ALLAHASS	
	NCORPORATOR			
The <u>name and addr</u> Name: Address:	ess of the Incorporator is: Constance M. Frutchey 1027 16th St N. Jacksonville Beach, FL 32250		FLORIDA FLORIDA	
	l as registered agent to accept service of process j familiar with and accept the appointment as regis			
Constance		area agent and agree to a	5/9/2012	
<u>whow</u>	Required Signature/Registered Ageny		Date	
I submit this docun document to the Dep	nent and affirm that the facts stated herein are to partment of State constitutes a third degree felony	rue. I am aware that the as provided for in s.817.15	false information submitted in a 5, F.S.	
Constan	es M. Frutchen		5/9/2012	
<u></u>	Required Signature/Incorporator		Date	