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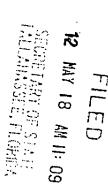
(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
,				

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COVER LETTER

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

SUBJECT: Horizon360 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	id a check for:
\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: Eleanor Strickland	(Printed or typed)	The state of the s
1842 Dalton Dr.		
A	Address	
The Villages, FL 32162		
City,	State & Zip	
352-750-2311 Daytime T	elephone number	
strickland.eleanor@gma	il.com d for future annual report	t notification)
· · · · · ·	g was some with	

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)

The name of the corpo	AME Horizon360 Inc. pration shall be:	FILED	
ARTICLE II P	RINCIPAL OFFICE	19 MAY 10	
	Principal street address	Mailing address, if different is: AH 11: 09	
	2 Dalton Dr.	CEONETRING	
The	Villages, FL	MI AMARIAN OF STATE	
	62	SECRETARY OF STATE LALLAHASSEE, FLORIDA	
		••	
ARTICLE III PU			
	th the corporation is organized is:		
internet busine	ss-Online Sales and Marketing		
ARTICLE IV S	HARES		
The number of shares			
	NITIAL OFFICERS AND/OR DIRECTOR		
		Name and Title:	
Address:	1842 Dalton Dr.	Address:	
	The Villages, Fl		
	32162		
Name and Title		Name and Title:	
Address:		Address:	
Address:		Address:	
		, , , 	
Name and Title	:	Name and Title:	
Address:		A 11	
	EGISTERED AGENT		
	a street address (P.O. Box NOT acceptable) of		
Name:	Eleanor Strickland		
Address:	1842 Dalton Dr.	-	
	The Villages, FL 32162	-	
ARTICLE VII IN	VCORPORATOR		
	ss of the Incorporator is:		
Name:	Eleanor Strickland		
Address:	1842 Dalton Dr.	•	
	The Villages, FL 32162	-	
		for the above stated corporation at the place designated in	
this certificate, I am f	amiliar with and accept the appointment as reg	istered agent and agree to act in this capacity	
60		, ,	
Elean	Munito	05/07/12	
	Required Signature/Registered Agent	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 Depo	irtment of State constitutes a third degree felony	as provided for in s.817.155, F.S.	
/		, ,	
Elmil	huno	05/07/12	
 	Required Signature/Incorporator	/ Date	