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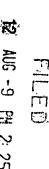
(Requestor's Name)	·	
Aller		
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(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
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Certified Copies Certificates of State	us	
Special Instructions to Filing Officer:		

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COVER LETTER

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

SUBJECT: Custom Muscle Inc				
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)			
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:			
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
FROM: Vicki R Gerrish Name (Printed or typed)				
1631 Farmington Circle				
Wellington Florida 33414 City, State & Zip				
561 629 3919 Daytime Te	elephone number			
vickigerrish@hotmail.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	NAME Custom Muscle Inc		FILED AUG -9 PM 2: 26
The name of the	corporation shall be:		P AUC O S
ARTICLE II	PRINCIPAL OFFICE		74 A00 -9 PM 2: 26
	Principal street address		Mailing address, if different is:
	3923 \$ Jog Rd		
	Greenacres FL 33467	,,,,,,,,	The state of the s
ARTICLE III	PURPOSE		* · · · · · · · · · · · · · · · · · · ·
	which the corporation is organized is:		
retail natura	l supplements and vitamins		
ARTICLE IV The number of sh	SHARES pares of stock is:100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	RS	
Name and	Title:Vicki R Gerrish President		:Eric Spencer Vice President
Address:	1631 Farmington Circle	Address:	3109 Grandiflora Drive
	Wellington FL 33414	_	Greenacres FL 33467
Name and	Title:Vicki R Gerrish Treasurer	— Name and Title	
Address:	1631 Farmington Circle		
	Wellington FL 33414		
Name and	Title: Vicki R Gerrish Secretary	— Name and Title	
Address:	1631 Farmington Circle		
rida ess.	Wellington FL 33414		
	REGISTERED AGENT	60	
Name:	lorida street address (P.O. Box NOT acceptable) o Vicki R Gerrish	of the registered age	nt is:
Address:	1631 Farmington Circle		
Addiess.	Wellington FL 33414		
ARTICLE VII	INCORPORATOR		
	Idress of the Incorporator is:		
Name:	Vicki R Gerrish		
Address:	1631 Farmington Circle Wellington FL 33414	_	
Having been nan	ned as registered agent to accept service of proce	— ss for the above sta	ated corporation at the place designated in
	um familiar with and accept the appointment as re		
Via	hil Hunch		August 6 2012
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein ar		
document to the L	Department of State constitutes a third degree felor	ny as p <mark>rovided for</mark> it	n s.817.155, F.S.
一 / 二 /	1		
y cco	n 16 Jurish		August 6 2012
	Required Signature/Incorporator	*	Date