## P12000079853

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

Office Use Only



100239612371

09/19/12--01002--005 \*\*78.75

12 SEP 19 AM II: OK

Ps 9/20/1

## **COVER LETTER**

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

SUBJECT:	PJ Online Enterprise, Inc.				
	(PROPOSED CORPORA  nal and one (1) copy of the arti	TE NAME - MUST INC			
\$70.00 Filing Fee	\$78.75 —Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee,		
FROM:		a Holsendorff e (Printed or typed)			
		n West 58 Maner Address			
	·	ines, FL 33332 State & Zip	**************************************		
	Daytime T	661 2658 Telephone number			
	pholsendorf E-mail åddress: (to be use	d 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)

FILED

ARTICLE I NAME The name of the corporation shall be:  PJ Online Enterprise, Inc.		Inc.	BIVISION OF CORPORATIONS	
•	PRINCIPAL OFFICE		12 SEP 19 AM 11: 06	
47	Principal street address	Mailin	g address, if different is:	
	9425 South West 58 Manor			
	embrokePines, FL 33332			
ARTICLE III F	PURPOSE			
	ich the corporation is organized is:			
me purpose c	of the corporation is to conduct any	y lawlul purpose or p	urposes.	
ARTICLE IV  The number of share				
	INITIAL OFFICERS AND/OR DIRECTO	OBS		
	le: Pamela Holsendorff - President, Secretary, Treas			
Address:	19425 South West 58 Manor	Address:		
	Pembrok Pines, FL 33332			
Name and Titl	le:	Name and Title:		
Address:				
Nome and Titl				
Address:	e:			
ARTICLE VI	REGISTERED AGENT			
	ida street address (P.O. Box NOT acceptable)	) of the registered agent is:		
Name: Address:	Pamela Holsendorff			
Address.	19425 South West 58 Man of Pembrok Pines, FL 33332			
	INCORPORATOR			
Name:	ress of the Incorporator is:  Pamela Holsendorff			
Address:	19425 South West 58 Manor	<del></del>		
	Pembrok Pines, FL 33332	<del>_</del>		
Having been namea	l as registered agent to accept service of proc	vess for the above stated co	rnoration at the place designated in	
this certificate, f <sub>l</sub> am	familiar with and accept the appointmentas r	egistered agent and agree t	o act in this capacity	
Par	rolli lonhandord		9 17 2012	
	Required Signature/Register Agent		1.17.001Z	
	required signature/registered Agent		Date	
submit this docum	ent and affirm that the facts stated herein a	ire true. I am aware that t	he false information submitted in a	
locument to the Dep	partment of State constitutes a third degree fel	ony as provided for in s.817		
1/2	2000 111 2000	UI .	9 17 701	