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(Red	questor's Name)		
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only

W12-47481



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FLORIDA DEPARTMENT OF STATE Division of Corporations



September 13, 2012

HAROLD K. BURKE, SR. 1805-2 EAST WEST PARKWAY FLEMING ISLAND, FL 32003

SUBJECT: JUNQUE IN THE TRUNK, INC.

Ref. Number: W12000047481

We have received your document for JUNQUE IN THE TRUNK, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 912A00023154

Division of Comparations DO DOV 6227 Tallahassas Florida 22214

COVER LETTER

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

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SUBJECT: Junque in the Trunk, Ir	nc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation an	d a check for:
770.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	OPY REQUIRED
FROM: <u>Harold K. Burke, Sr.</u> Name 1805-2 East West Parky	e (Printed or typed)	
	Address	
Fleming Island, Florida City,	32003 State & Zip	
904-644-7162 Daytime 7	Celephone number	<u> </u>
junqueinthetrunkfleming E-mail address: (to be use	island@gmail.co d for future annual report	m 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 II	PRINCIPAL OFFICE	
_	Principal street address	Mailing address, if different is:
	1805-2 East West Parkway	
.I.	Eleming Island, Florida 32003	
ARTICLE III	PURPOSE	
	hich the corporation is organized is:	
	signment Store	
RTICLE IV	SHARES	
	res of stock is:100	
RTICLE V	INITIAL OFFICERS AND/OR DIRECTORS	
	tle: <u>Harold K. Burke, Sr., President</u> Name and	Title:
Address:	1812 CR 209B Address:	
	Green Cove Springs, Florida 32043	
Name and Ti	tle: Kristen T. Burke, DC, Vice-President Name and	Title:
Address:	1812 CR 209B Address:	
	Green Cove Springs, Florida 32043	
Name and Ti	tle: Name and	Title
Address:	Address:	
RTICLE VI	REGISTERED AGENT	
	rida street address (P.O. Box NOT acceptable) of the registere	d agent is:
Name:	-chisten + Burle IC	\$ 8 ° }
Address:	1035-3 Fachligh Dury	The second secon
	Flemen Island, 17 32003	
RTICLE VII	INCORPORATOR	Maria - Table
	ress of the Incorporator is:	-
Name:	Kristen T. Burke DC	55 P N
Address:	1835-3 FOST West PRWY.	
	Fluring Island, fr 32003	<i>P</i>
aving been name	d as registered agent to accept service of process for the abo	ve stated corporation at the place designated
is certificate, I an	familiar with and accept the appointment as registered agent	and agree to act in this capacity
(I With A Surece	9/24/12
	Required Signature/Registered Agent	Date
	nent and affirm that the facts stated herein are true. I am a partment of State constitutes a third degree felony as provided	
/	the Constitutes a mira degree jetony as provided	joi in 5.017.133, F.i.S.
M	ANT NC STYMULACK	917/12
——————————————————————————————————————	Required Signature/Incorporator	- I Note