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COVER LETTER

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

SUBJECT: Hannah Courtelis, Inc.		
(PROPOSED CORPORAT	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	eles of incorporation an	d a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROM: Hannah Courtelis	(Printed or typed)	
621 E. Kaley St.		
Orlando, FL 32806	ddress State & Zip	
561-578-1828 Daytime Te	lephone number	
hfcourtelis@yahoo.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)

	**NAME Hannah Courtelis, Inc		FILED	
ARTICLE II	PRINCIPAL OFFICE	•	12 OCT - 1 PM 1: 35	
	Principal street address	Mai	ling address, if different is:	
1	621 E. Kaley St		PLUNCIARY OF STATE	
<u>)</u>	Orlando, FL 32806	!	ALLAHASSEE, FEOREIX	_
			<u> </u>	
ARTICLE III	PURPOSE		•	
	which the corporation is organized is:			
Professional	Corporation			
ARTICLE IV The number of sha	SHARES ures of stock is:1000			
	INITIAL OFFICERS AND/OR DIRECTOR itle: Hannah Courtelis-President			
Address:	621 E. Kaley Street	Address:	•	_
11001055	Orlando, FL 32806			
Name and T	isto.	Nome and Title		
Address:	itle:	_ Name and True:		
2 100 1 0 33.		Address.		_
				_
	itle:			_
Address:		Address:		
	V	_		_
	REGISTERED AGENT			
	orida street address (P.O. Box NOT acceptable) of		:	
Name: Address:	Hannah Courtelis			
Address.	621 F. Kaley St Orlando, Fl. 32806			
	Chance, II Sento			
ARTICLE VII	<u>INCORPORATOR</u>			
	dress of the Incorporator is:			
Name:	Hannah Courtelis			
Address:	621 E. Kaley St Orlando, FL 32806	_		
	ed as registered agent to accept service of process m familiar with and accept the appointment as reg			d in
1 a 1-1	at Coninto	(i.)	9/27/12	
F3 (X)	Required Signature/Registered Agent	/(/) -	Date	_
I submit this docu document to the D	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felong	true. I am aware tha v as provided for in s.k	t the false information submitted i	n a
1)	, ~ ~ ~ ·	, μ. σ μου αν		
ACC	muel ('onit	TU)	9/27/12	
	Required Signature/Incorporator	<u> </u>	Date	_