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(Requestor'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:				
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COVER LETTER

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

SUBJECT: Generation T's, 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 ar	nd a check for
riclosed are all original and one (1) copy of the artic	cies of incorporation at	id a clicck for.
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
	ADDITIONAL C	Status OPY REQUIRED
FROM: Jennifer Costain Name	(Printed or typed)	·
15629 79th Court North		
Α	Address	
Loxahatchee, FL 33470	State & Zip	
561-798-3621 Daytime Te	elephone number	
sales@generationts.com E-mail address: (to be used	for future annual repor	t notification)

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	Corporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing a	address, if different is:
	160 Business Parkway, Suite 1		
	Royal Palm Beach, FL 33411	· · · · · · · · · · · · · · · · · · ·	
ARTICLE III	PURPOSE	<u></u>	
	which the corporation is organized is:		
	tood that the foregoing statement of pu	rnoses shall not serv	e as a limitation on the
	abilities of this corporation, which shall		
	ctivities. If this corporation intends to er		
	n that require the qualification of the co		ates, it snall obtain such
ARTICLE IV	ns before engaging in such out-of-state SHARES	activities.	
The number of sk	hares of stock is: 100 shares		
	INITIAL OFFICERS AND/OR DIRECTOR		
Name and Address:	Title: Jennifer Costain - Pres & Tres 15629 79th Court North		
Address.	Loxabatchee, FL 33470	_ Address	
	LOXADACTICE, FL 53470		
Name and	Title: Michael Costain - VPres & Secret	_ Name and Title:	
Address:	15629 79th Court North		
	Loxahatchee, FL 33470	-	
Name and	Title:		**************************************
Address:		Address:	
ARTICLE VI	REGISTERED AGENT		
	Torida street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name:	Jennifer Costain		
Address:	15629 79th Court North		
	Loxahatchee, FL 33470		Con of the games of the control of t
ADDICI P III	INCORPOR A TOP		Triangle Tri
The name and a	INCORPORATOR ddress of the Incorporator is:		
Name:	Jennifer Costain		<u> </u>
Address:	15629 79th Court North	-	조심 💫
i tadi essi	Loxahatchee, FL 33470	- -	
_	med as registered agent to accept service of proces		
/ X	am familiar with and accept the appointment as reg		act in this capacity
Life	uga Costa/Register	ed Agent	9/19/12
	Required Signature/Registered Agent	Ž	Date
	cument and affirm that the facts stated herein are		
weument to the	Department of State constitutes a third degree felon		ээ, г .З.
(Q)a1	Nu (Bota - / Incorp	porator	09/19/12
Jenn	Required Signature/Incorporator	 	Date
/ /	/ /		