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PICK-UP WAIT MAIL				
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Special Instructions to Filing Officer:				

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10/03/12--01012--003 **78.75

COVER LETTER

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

SUBJECT: RUSTY GIRL, 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 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
•	ADDITIONAL COPY REQUIRED
FROM: LOIS C. WTULICH	(Printed or typed)
1800 SE St. LUCIE BLVI	O. Address
STUART, FLORIDA 349 City,	996 State & Zip
772-283-0294 Daytime To	elephone number
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)
上版上

<u>ARTICLE I _</u>			
The name of the	corporation shall be:		12 OCT -3 AM 9:54
ARTICLE II	PRINCIPAL OFFICE		12 001 0 Par 0 04
	Principal street address		Mailing address; if different is:
	1800 SE St. LUCIE BLVD		TALLAHASSEE, PLORIDA
	STUART, FLORIDA 34996		<u> </u>
			<u>%</u> 14
ARTICLE III	PURPOSE		
The purpose for	which the corporation is organized is:		
HOME HEA	ALTH CARE		
ARTICLE IV	SHARES		
	hares of stock is:100		
APTICLE V	INITIAL OFFICERS AND/OR DIRECTO	npe	
	Title: LOIS C. WTULICH PRESIDE		e:LOIS C. WTULICH DIRECTOR
Address:	1800 SE St. LUCIE BLVD.		
	STUART, FLORIDA 34996		STUART, FLORIDA 34996
Name and	Title: EDWARD WTULICH TREASU	RF Name and Titl	e:EDWARD WTULICH DIRECTOR
Address:	1800 SE St. LUCIE BLVD.	Address:	
	STUART, FLORIDA 34996	<u> </u>	STUART, FLORIDA 34996
Name and	Title:	Name and Titl	e:
Address:			
			-
		<u> </u>	
ARTICLE VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptable	of the registered ag	ent is:
Name:	LOIS C. WTULICIK H	<u> </u>	
Address:	1800 SE St. LUCIE BLVD STUART, FLORIDA 34996		
	STUART, FLORIDA 34996		
	INCORPORATOR		
	ddress of the Incorporator is:		
Name: Address:	LOIS C. WTULICA		
Address:	1800 SE St. LUCIE BLVD STUART, FLORIDA 34996	·	
	•		
	med as registered agent to accept service of pro-		
this certificate, I	am familiar with and accept the appointment as	registered agent and	agree to act in this capacity
9.	· O (1)+bis		10/1
	Required Signature/Registered Agent	•	10 (, 17
	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein o		
document to the	Department of State constitutes a third degree fel	ony as provided for	in s.817.155, F.S.
\mathcal{Q}	· C (AST)		10/11/10
	Required Signature/Incorporator		Date
	rredamen orguniano, incorborator		Date