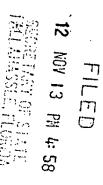
## P12000094650

(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:  Mr. Schuster Gave  AUTHOHIZATION BY PHONE TO  CORRECT Odd /!/ao/3 date  DATE 11 14 12  DOC. EXAM					

Office Use Only



11/13/12--01013--007 \*\*78.75



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## **COVER LETTER**

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

Michael Schuster Publishing, Inc. SUBJECT:					
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )					
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
\$70.00 \$78.75 Filing Fee & Certificate of Status  \$78.75 \$87.50 Filing Fee & Certified Copy Certified Copy & Certificate Status  ADDITIONAL COPY REQUIRE	e of				
· · · · · · · · · · · · · · · · · · ·					
FROM: Michael H. Schuster					
Name (Printed or typed)	Name (Printed or typed)				
350 Spyglass Way					
Address	Address				
Jupiter, FL 33477					
City, State & Zip					
401-965-3175					
Daytime Telephone number	Daytime Telephone number				
mschrs@cox.net 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)

ARTICLET	NAME	142 -1 3	0 - l + -	man de la companya de
The name of the c	corporation shall be:	michael	schuster	Publishing, InE.L.E.D
ARTICLE II	PRINCIPAL OFFICE			12 NAV 12 DH 1
	Principal street add	ress		Mailing address, if different is: PN 4: 58
	350 Spygla Jupiter,			GEORGE TANK AND ADDRESS OF THE PROPERTY OF THE
	oupitei,	ET 22411	_	RECORTAGE OF STATE FALLAHASSEE, FLORIDA
ARTICLE III	PURPOSE			
	which the corporation is or	rganized is:		
For the	he nublishing /	of materi	ale cone	ulting and all related
	ities.	or macerr	ais, cons	itting and all letated
				11/2012
ARTICLE IV	SHARES			EFFECTIVE DATE $1/1/2013$
The number of sh		0		1 /
4 D Ø 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INTERIAL OPPICADO	AND OD DED	nomone.	
ARTICLE V	INITIAL OFFICERS Title Michael H S	<u>AND/OR DIRE</u> chuster.	Pres. Name a	and Title:
Address:	350 Spyglas	s Way	Addres	S:
	Jupiter, FL	33477		
			<del></del>	
Name and	Title·		Name a	and Title:
Address:	11110.		Addres	s:
			<del></del>	
Name and Title:			Name a	and Title:
Address:	11		Addres	s:
			<del></del>	
ARTICLE VI	REGISTERED AGE	NT		
	lorida street address (P.O.		table) of the regist	ered agent is:
Name:	Michael H S			•
Address:	350 Spyglas			
	Jupiter, F	33477 _		
ARTICLE VII	INCORPORATOR			
	ddress of the Incorporator i	s:		
Name:	Michael H S			
Address:				
	350 Spyglas Jupiter, F	L 33477		•
Having heen na	med as registered agent to	accept service o	f process for the	above stated corporation at the place designated i
				ent and agree to act in this capacity
	•	,		1.4
Much	Required Signate	unter		11/4/12
	Required Signate	ure/Registered Ag	gent	Date
				m aware that the false information submitted in
document to the	Department of State consti	tutes a third degr	ee felony as provi	ded for in s.817.155, F.S.
11.	hard H. A	- 11	<b>7</b>	11/4/12
_ nu	Required Sign	ature/Incorporate	<u>~~</u>	