

P120000094650

(Requestor's Name)

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



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Special Instructions to Filing Officer:

Mr. Schuster GAVE

AUTHORIZATION BY PHONE TO

CORRECT add 11/14/12 date

DATE 11/14/12

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12 NOV 13 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/11

## COVER LETTER

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

SUBJECT: Michael Schuster Publishing, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Michael H. Schuster  
Name (Printed or typed)  
350 Spyglass Way  
Address  
Jupiter, FL 33477  
City, State & Zip  
401-965-3175  
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)

**ARTICLE I NAME**

The name of the corporation shall be: Michael Schuster Publishing, Inc. **FILED**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
350 Spyglass Way  
Jupiter, FL 33477

12 NOV 13 PM 4:58  
Mailing address, if different is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For the publishing of materials, consulting and all related activities.

EFFECTIVE DATE 1/1/2013

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Michael H Schuster, Pres.	Name and Title: _____
Address: 350 Spyglass Way	Address: _____
Jupiter, FL 33477	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Michael H Schuster  
Address: 350 Spyglass Way  
Jupiter, FL 33477

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael H Schuster  
Address: 350 Spyglass Way  
Jupiter, FL 33477

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Michael H. Schuster  
Required Signature/Registered Agent

11/4/12  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael H. Schuster  
Required Signature/Incorporator

11/4/12  
Date