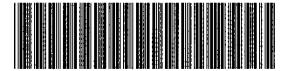
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(Re	questor's Name)			
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(Document Number)				
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

W3-57591

COVER LETTER

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

SUBJECT:	IT MAKES CENTS,	INC.	
48-4	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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
		ADDITIONAL CO	
	MICHAEL WHA		· · · · · · · · · · · · · · · · · · ·
	682 SW 874 WA	Mares Address	,
6	Annesville, FL City,	32668	
	City, 850- 322-3887	State & Zip	
	•	elephone number	
	Nw Imaky 1776 © 90 E-mail address: (to be use	ed for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

13 NOV -8 AMII: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 17, 2013

MICHAEL WHALEY 2682 SW 87TH WAY GAINESVILLE, FL 32608

SUBJECT: IT MAKES CENTS, INC. Ref. Number: W13000057591

We have received your document for IT MAKES CENTS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Corrected Iwarded

Jessica A Fason Regulatory Specialist II

Letter Number: 813A00024267

www.sunbiz.org

ARTICLES OF INCORPORATION
In compliance with Chapter 60 and/or Chapter 621, F.S. (Profit)

·	ration shall be: IT MAKE		\ \	
<u>RTICLE II P</u> F	RINCIPAL OFFICE Principal street address		Mailing address, if different is:	
MICHAEL	HAEL WHATEY IT MAKES CENTS		ENTS, INC	
2682 SW	BTHNAY	Ž	768Z SW 8	The way
	F 32608			FL 32608
RTICLE III PU	RPOSE n the corporation is organized is:	PAOVIDE	Consulting	STAFFING
and busines	s Slavices			
	of stock is: 1000			
e number of shares of	of stock is:		 Title:	13 NON SECRE TALLAH
e number of shares of	of stock is: 1000 ITIAL OFFICERS AND/OR DIRECT ile: MICHMEL WHATEY	Name and	Title:	13 NOV -8 SECRETAR
RTICLE V IN	of stock is: 1000 ITIAL OFFICERS AND/OR DIRECT Ile: MICHMEL WHATEY 2682 SW 874 Way	Name and '	Title:	NOV -8 CRETARY LAHASSE
RTICLE V IN	of stock is: 1000 ITIAL OFFICERS AND/OR DIRECT Ile: MICHAEL WHATEY Z682 SW 87M Way CANNESVILLE	Name and '	Title:	NOV -8 A CRETARY O LAHASSEE
RTICLE V IN	of stock is: 1000 ITIAL OFFICERS AND/OR DIRECT Ile: MICHMEL WHATEY 2682 SW 874 Way	Name and '	Title:	NOV -8 AH CRETARY OF LAHASSEE F
RTICLE V IN Name and Ti Address	of stock is: 1000 ITIAL OFFICERS AND/OR DIRECT Ile: MICHAEL WHATEY Z682 SW 87M Way CANNESVILLE	Name and ' Address:		NOV -8 AM 8: 42 CRETARY OF STATE LAHASSEE F_ORIDA
RTICLE V IN Name and Ti Address	of stock is: 1000 ITIAL OFFICERS AND/OR DIRECT Ile: MICHAEL WHATEY ZEBZ SW 87M Way GANNESVILLE FL 3Z608	Name and Address: Name and Name and Name and Name	Γitle:	NOV -8 AM 8: 42 CRETARY OF STATE LAHASSEE F QRIDA
RTICLE V IN Name and Tit Address Name and Titl	of stock is: 1000 ITIAL OFFICERS AND/OR DIRECT Ile: MICHMEL WHATEY ZEBZ SW BTM WMy CANNESVILLE FR 3260B e:	Name and Address: Name and Name and Name and Name	Γitle:	NOV -8 AM 8: 42 CRETARY OF STATE LAHASSEE F_ORIDA
RTICLE V IN Name and Ti Address Name and Titl Address	of stock is: 1000 ITIAL OFFICERS AND/OR DIRECT Ite: MICHMEL WHATEY ZEBZ SW BTM Way CANNESVILLE FR 3260B e:	Name and Address: Name and Address: Address:	Title:	NOV -8 AM 8: 42 CRETARY OF STATE LAHASSEE F QRIDA
RTICLE V IN Name and Ti Address Name and Titl Address	of stock is: 1000 ITIAL OFFICERS AND/OR DIRECT Ile: MICHMEL WHATEY ZEBZ SW BTM WMy CANNESVILLE FR 3260B e:	Name and Address: Name and Address: Name and Address: Name and Address:	Γitle:	NOV -8 AM 8: 42 CRETARY OF STATE LAHASSEE F QRIDA

Name a	nd Title:	Name and Title:
Addres	s	Address:
	i*	
<i>ARTICLE VI</i> The <u>name and F</u>	<u>REGISTERED AGENT</u> Clorida street address (P.O. Box NOT acceptable) of	of the registered agent is:
Name:	REBUCI WHALEY	_
Address:	3714 SW 87 th DRIVE	_
	3714 SW 87th DRIVE CAMESVILLE, FL 32608	-
ARTICLE VII	INCORPORATOR	· met
The <u>name and a</u>	ddress of the Incorporator is:	ALL Sec 33 x
Name:		NOV -8
Address:	MICHAEL WHALEY ZESZ SW 87M WAY CAMELVILLE, FZ 32608	- A CONTRACTOR
	CAMELVILLE, FE 32608	F S 1AI
Having been na	med as registered agent to accept service of proces	Section 12 to 12 t
this certificate, I	am familiar with and accept the appointment as re	gistered agent and agree to act in this capacity
g Jek	xcce whelig	10/6/2013
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware that the false information submitted in a sy as provided for in s.817.155, F.S.
X		10/6/2013
7	Required Signature/Incorporator	Date
MICHA	EL Whaky	