P200000 80039

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Pick up a loc				
Thanks)				

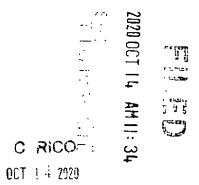
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COVER LETTER

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

SUBJECT:	SAGE Cont	TACTOS I TE NAME - MUST INCLI	Inc.
	PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the arti	icles of incorporation and	i a check for:
□ \$70.00 Filing Fec	S78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate o Status DPV REQUIRED
FROM:	Johnny D.		// I KEQUIKED
	27 Digne's	,	
_	Monticello t	F/A 3234 State & Zip	<i>y</i>
	,	G/G/ Telephone number	
	E _{mail} address/(to be use	d 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: SAC	ge Contractor	Inc.	<u></u>
ARTICLE II PRINCIPAL OFFICE Principal street address 12 Diana's Lone Wonticello Fila, 32349		Mailing address, if different is 22 Dianas Lane Whyticelles Fl 3.	2.344
Staineases, framing he Completes the home of Completes the home of Lucidor of the home of shares of stock is:	ties. To upgrander Carpentary nome (new Constinuous Provenent Pro- improvement Pro- in their carpentary for wheelchains, in	ack hunes of from builds, the work on builds, but Cun	ling okcks, i company pany move
Name and Title: Schung Day Address	R DIRECTORS Name and Tit Address:	no: A GR/C 72 Diena's La Monticello, 7/	EV/pwneh vre 3344)
Name and Title:Address	Name and Tit Address:	5.7.	
Address	Name and Ti Address:	i	

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: Rayshon D Address: 27 Diana's Monticello:	lin
Monticello:	F/A 323/4
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Johany D	1
Address: 77 Diana's	
Mofriello F	1 32 244
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	specific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not the document's effective date on the Department	meet the applicable statutory filing requirements, this date will not be listed a t of State's records.
Having been named as registered agent to accept certificate, I am familiar with and accept the app	service of process for the above stated corporation at the place designated in the ointment as registered agent and agree to act in this capacity
Required Signature/Re	10/14/20
Required Signature/Re	egistered Agent Date
I submit this document and affirm that the fact	ts stated herein are true. I am aware that the false information submitted in a third degree felony as provided for in s.817.155, F.S.
Required Signature/Incorporator	Date Date

•