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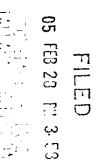
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Certified Copies	_ Certificates	of Status			
Special Instructions to	Eiling Officer				
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TRANSMITTAL LETTER

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

SUBJECT:	J. Reid	<u>.</u>			
	(PROPOSED CORPORA	TE NAME - <u>MUST INC</u>	LUDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the arti	eles of incorporation a	nd a check for:		
☐ \$70.00 Filing Fcc	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED		
FROM:	James Re Name	(Printed or typed)			
<u>,-</u>	4900 Salvaturi, Rd				
· · -	Stuart, F1 34997 City, State & Zip				
	772-781	- 3033 7	72-215-5218		

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)

AR1	ICLE .	I.	NAME

The name of the corporation shall be:

J. Reid Co.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4900 Salvatori Rd Swart, F134997

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Construction Cleaning

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

James Reid - President 4900 Salvatori Rd Stuart, F1 34997

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

James Reid 4900 Salvader i 20 Studit, F1 34997

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James Reid 4900 Salvatori Ro Stuck +, F1 34997

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

enature/Registered Agent

ignature/Incorporator