

P13000009957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

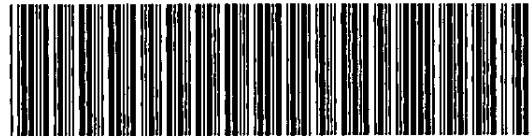
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900244079849

01/30/13--01018--003 \*\*70.00

FILED  
13 JAN 30 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
1/31/13

**COVER LETTER**

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

SUBJECT: MUSTAFFA 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: RUBEN ALTAMIRANO OSCCO  
Name (Printed or typed)

13141 SW 9 PLACE  
Address

DAVIE, FL 33325  
City, State & Zip

954 306 3477  
Daytime Telephone number

RECEPTIONIST@ALLFENCINGANDREPAIR.COM  
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: MUSTAFFA Inc.

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address

13141 SW 9 PL

DAVIE FL 33325

13 JAN 30 PM 12:13
Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Welding

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ruben Altamirano/Pres. Name and Title:

Address 13141 SW 9 PL Address:

DAVIE FL 33325

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13 JAN 30 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Ruben ALTAMIRANO OSCCO  
 Address: 13141 SW 9 PL  
DAVIE FL 33325

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ruben ALTAMIRANO OSCCO  
 Address: 13141 SW 9 PL  
DAVIE FL 33325

*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*

\_\_\_\_\_  
 Required Signature/Registered Agent 1/22/2013  
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.*

\_\_\_\_\_  
 Required Signature/Incorporator 1/22/2013  
Date