## N1500001134-8

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

SUBJECT:	Christmas	Spirits RATE NAME - MUST IN	Corp.			
	(PROPOSED CORPO	RATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)			
Enclosed is 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			
		ADDITIONAL CO	PY REQUIRED			
FROM: Perc2 Name (Printed or typed)						
411 NW 1st Avenue Unit # 202						
Fort Lander de FL 33301 City, State & Zip						
(365) 915- 6569 Daytime Telephone number						

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

E-mail address: (to be used for future annual report notification)

ARTICLE I NAME The name of the corporation shall be:	ristmas	Spirits Corp	
ARTICLE II PRINCIPAL OFFICE		•	
Principal <u>street</u> address:	nve ,	Mailing address, if different is	: 
Unit # 202, Fort Lander	· dala,		
FL , 33301.			
ARTICLE III PURPOSE  The purpose for which the corporation is organized is		•	_
exclusively for Charitable			
Scientific purposes, includ	~		
distributions le organis			
urganizations under Section	n 501 (4) (	3) of the inter	-
Revenue Cole, or He Co	rresponding S	ection of any	Fulux
Febral Lay Code.	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
ARTICLE IV MANNER OF ELECTION The m	nanner in which the directo	ors are elected and appointed:	clecked
at the annual meeting	<u> </u>		<del></del>
ARTICLE V INITIAL OFFICERS ANDIOR DIR	<u>ECTORS</u>		
Name and Title: Louis Perez   CFO	Name and Title:	Kelvin Perez 1	President
Address 411 Nw 15h Aven	Address:	3591 Sw 9318	_bve
Unil # 202, Fort L	mederdade _	Pembrake Pines F	<u>L</u>
FL, 33301	<del></del>	33025	
Name and Title:	Name and Title:		
Address	Address:		— <b>5</b>
	<del></del>		5 GE
Name and Title:	Name and Title:		ED GREORV AMII:
Address	Address:		STAT TRATE
			25 10 KS

Name and Theology	nane are ino.	<del>_</del>			
Address	Address:				
Name and Title:	Name and Title:	<del>_</del>			
Address	Address:	<del></del>			
		<del></del>			
ARTICLE VI REGISTERED AGENT					
The name and Florida street address (P.O. Box NOT acce					
Name: Laus Perez		55 × 55 × 55 × 55 × 55 × 55 × 55 × 55			
Address: 411 Nw 152 Ave		<b>E</b> 28			
Unit # 202, Fort Law	der lane, FL, 33301	OF AR			
		00 X E0			
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:		OF STA			
Name: Louis Perez		ATIONS ATIONS			
Address: 411 No 15th Avenue	e.	Ö			
Unil # 202 Fort Lawderdale, FL, 33301					
ARTICLE VIII EFFECTIVE DATE:					
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific an after the filing.)		0 business days			
Note: If the date inserted in this block does not meet the adocument's effective date on the Department of State's reco		be listed as the			
Having been named as registered agent to accept service certificate, I am familiar with and accept the appointment		ce designated in this			
	11/13	115			
Required Signature of Registered	TAgent Date	<del></del>			
I submit this document and affirm that the facts stated herein are true. I am aware that any 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.					
	11 113	115			
Required Signature of Inco		<del></del>			