POODO TRANSMITTAL LETTER Department of State

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

SUBJECT:	WAH WAH NYUNT Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u> I	LUDE SUFFIX)	
			90000333 -07/24/00- ******87.5	01092023
Enclosed is an origin	nal and one(1) copy of the article	es of incorporation and a	check for:	0 *****87.50
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of	300 24
FROM:	WAH WAH Name (Pri	inted or typed)		olsivia 00
	1747, Capital Circl	e N,E # 1424 ddress		RECEIVED 00 JUL 24 PN 1: 00 DIVISION OF CORPORATION
	Tallahassee, FL 32308 City, State & Zip			ORAFION CO
-	(850)-510-387	9 ephone number		
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NOTE: Please provide the original and one copy of the articles.

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ARTELES OF INCORPORA	ATION	V
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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

WAH WAH NYUNT Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1747, Capital Circle N.E # 1424 Tallahassee, FL 32308

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Profit Corporation

ARTICLE IV SHARES

The number of shares of stock is:

\$ 1,000.00 at \$ 1.00

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

N/C



ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

U HTWE

1747, Capital ciode N.E #1424

Tallahassee, Pl 32308

<u>ARTICLE VII</u> INCORPORATOR

The name and address of the Incorporator is:

U HTWE

1747, Capital Ciocle N. E # 1424
Talla hassee, Fl 32308

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