TRANSMITTAL LETTER Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: (PROPOSED CORPORATE NAME - MUST INC 90000347652 Enclosed is an original and one(1) copy of the articles of incorporation and a check for: □ \$70.00 \$78.75 □ \$87.50 \$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Name (Printed or typed) Newton Au S. Address

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

Daytime Telephone number

APTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be:	FILED
WEST COAST RESTORATION INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: \$106 NEWTON AVE. S. GULFPORT FL. 33707 ARTICLE III PURPOSE The purpose for which the corporation is organized is: 70 RUN	OO NOV 27 AM 10: 59 SECRETARY OF STATE TALLAHASSEE, FLORIDA A BUSINESS
ARTICLE IV SHARES The number of shares of stock is: 100 @ 1.00 ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): PRESIDENT! TAMES A	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: JAMES A. HOLDEN 5206 NEWTON AVE, S. 6UL FPORT FL, 33707 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: JAMES A. HOLDE	
**************************************	orporation at the place designated in this act in this capacity
Signature/Incorporator	Date