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SECRETARY OF STATE
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TRANSMITTAL LETTER

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

SUBJECT:	S. Med	ing Inc.	
	(PROPOSED CORP	PORATE NAME – <u>MUST INC</u> I	LUDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of th	ne articles of incorporation and	d a check for:
\$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 Status OPY REQUIRED
FROM:		Name (Printed or typed) NAME (Printed or typed) Address	
	H	Taleah FL 3: City, State & kip	3012
	Day	86 - 554 - 754 time Telephone number	9

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)	FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE I NAME The name of the corporation shall be: 5. Medina, Inc.	05 MAY -5 PM 4: 08
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 11101 NW 59 th Ave. Hialeah, FL 33012	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Catering and real estate investments	·· . ·
ARTICLE IV SHARES The number of shares of stock is: 100	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Sixto V. Medina (President) 11101 NW 59 th Ave. Hialeah, FL 33012	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the Sixto V. Medina Ulou NW 59 th Ave.	he registered agent is:
Hialeah, FL 33012 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Sixto V. Medina 11101 NW 59 th Ave. Hialeah, FL 33012	er ur war war
**************************************	********************************** tated corporation at the place designated in this ree to act in this capacity
Signarius/Registered Agent	Date
Signature/Incorporator	<u>4/29/05</u> Date