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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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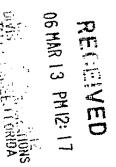
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COVER LETTER

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

SUBJECT:			* Fram	
	(PROPOS	SEĎ CÓRPORAT	E NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an ori	ginal and one (1)	copy of the artic	les of incorporation ar	nd a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM:	Emiliano 1700 La	con R/	Printed or typed)	
	(904	City, S 742 - 4	State & Zip 329 lephone number	

 $\label{NOTE:Please provide the original and one copy of the articles.}$

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	One of the last
ARTICLE I NAME The name of the corporation shall be:	06 MAR 13 PM 12: 25
CERUANTEZ FRAMING INC	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	Fl 32246
JAX FL JAX Leon Rd # 19 JAX	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Tax purpose	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Emiliano Cev vantez - P 1700 Leon Rd # 19 JAX FL 32246	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the register finition Carvantez	red agent is:
1700 Lean Rd # 19 JAI PL 32246	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Emiliano Cervantez 1700 Lem Rd # 19 JAX FL 32246	
**************************************	ration at the place designated in thi
certificate, I am familiar with and accept the appointment as registered agent and agree to act in	this capacity

Date

Signature/Registered Agent

Signature/Incorporator