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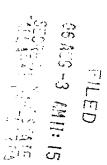
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PICK-UP	WAIT MAIL			
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COVER LETTER

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

SUBJECT: AmericanFaves Inc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u> L	
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	i a check for:
S70.00 S78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: lan White	(Printed or typed)	
11420 NW 56 Drive [‡]	F 110	
	Address	
Coral Springs,FI 33076	State & Zip	
954 755 0660 Daytime 1	elephone number	· /

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

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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:

AmericanFaves Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

11420 NW 56 Drive #110 Coral Springs,FI 33076

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct any lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

10,000 Shares

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

lan White

11420 NW 56 Drive #110 Coral Springs,FI 33076

President

REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Ian White

11420 NW 56 Drive #110 Coral Springs,FI 33076

ARTICLE VII	INCORPORATO	<u>R</u>			•	
The <u>name and add</u>	ress of the Incorporate	or is:				
lan White 11420 NW 56 Dri	ve #110 Coral Sprir	ngs,Fl 33076				
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	registered agent to accept with and accept the appe					gnatea in inis
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Jan 6			74		7-28-06	
Signature	Registered Agent				Date	
tan 6	8	garan da series da Lacada (n. 1888).	a. J	<u> </u>	7-28-06	
Signature	e/Incorporator				Date	•
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