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## **COVER LETTER**

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

SUBJECT: 4	LANOTTE MDS	INC.	
	(PROPOSED CORPOR.	ATE NAME — <u>MUST INC</u>	
\$70.00 Filing Fee	inal and one (1) copy of the art  \$78.75  Filing Fee  & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee,
FROM:	TREG CATALA, Name  1902 SW 8  CHATNESUTUE  (352) 361-  Daytime	3 <sup>rd</sup> CT Address  FL 326 y, State & Zip	
	Daytime	Telephone number	

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

ARTICLES OF INCORPORATION		
In compliance with Chapter 607 and/or Chapter	er 621, F.S. (Profit)	Acres Corne
ARTICLE I NAME  The name of the corporation shall be:	NOTTE MDS	D8 MAR 28 PM 3: 33  TNC. SECRETARY OF STATE TALLAHASSEE. FLORIDA
ARTICLE II PRINCIPAL OFFICE The principle street address and mailing address	• • •	SW 83 <sup>rd</sup> CT ESUTUE, FL <u>32607</u>
ADDIOLD III DIDDOCD		
The purpose for which the corporation is organ	nized is: "SALES	S ORGANIZATION"
ARTICLE IV SHARES The number of shares of stock is:		
ARTICLE V INITIAL OFFICERS AN	ID/OR DIRECTORS	
List name(s), address(es) and specific title(s):	GREG CATALI	ANOTTE : PRESZDENT : CEO
	1902 SW 83	CT CT
	GAZNESUTLLE,	
ARTICLE VI REGISTERED AGEN The name and Florida street address (P.O. Bo CILEG CATALANOTTE	<del></del>	CT
ARTICLE VII INCORPORATOR	. 1	
The <u>name and address</u> of the Incorporator is:	1902 SW 8312	CT
GREG CATALANOTTE	CJAZNESUTLIE, FL	
***********	********	*******

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

Signature/Registered Agent

The Signature/Incorporator

3-26-08

Date

3-26-08

Date