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SECRETARY OF STATE ALLAHASSEE, FLORIDA

4.25.08

COVER LETTER

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

SUBJECT:	Blurred Ey	e View	Inc	
	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	eles 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 DPY REOUIRED	
FROM:	Irvans f	luqustin		
r Kolvi	Name ((Printed or typed) 39 St #	3	
		Address FL 33137	·	
	-	State & Zip 3 2795		
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 621, F.S. (Profit)	FI,
	LED
ARTICLE I NAME	OOB APP
The name of the corporation shall be:	SECO- " 24 A
ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: Blurred Eye View Inc. ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is:	LLAHASSEE STA
ARTICLE II PRINCIPAL OFFICE	FLORIDA
	34
444 NE 39 St #3 Miami FL 33137	
Miami FL 33137	,
ARTICLE III PURPOSE	<u>.</u>
The purpose for which the corporation is organized is:	•
all lauful activity	
απ (sm-7ατ)	;
ARTICLE IV SHARES	
The number of shares of stock is: 100	
	į
	:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	• •
List name(s), address(es) and specific title(s):	; •
Irvans Augustin President	
444 NE 39 St #3	
Miami FL 33137	
	!
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the re	egistered agent is:
Arsene Augustin	1
Arsene Augustin	; •
Miami FL 33055	· :
ARTICLE VII INCORPORATOR	· · · · · · · · · · · · · · · · · · ·
The <u>name and address</u> of the Incorporator is:	
Irvans Augustin	
444 NE 39 ST-413	
Miami PL 33137	
********************	*********
Having been named as registered agent to accept service of process for the above state certificates am familiar with and accept the appointment as registered agent and agree to	d corporation at the place designated in this act in this capacity
Orsene Chapatin	4-19-08
Signature/Registered Agent	/ Date /
1 India	4/24/100
Signature/Incorporator	Data Data
official of the or potator	Date