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COVER LETTER

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

SUBJECT: Lori Sor	(PROPOSED CORPORA	ATE NAME – <u>MUST INC</u> I	LUDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	i 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 PY REQUIRED
FROM: _Lo	ri Somero		
	Name	(Printed or typed)	
	4458 Dewey Dr.	Address	
	New Port Richey, FL. 34652 City	, State & Zip	
	727-389-6825	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)

ARTICLE I NAME

The name of the corporation shall be:

Lori Somero, Corp.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

4458 Dewey Dr. New Port Richey, FL. 34652

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Independent contracted

ARTICLE IV SHARES

The number of shares of stock is: zero

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Lori Somero 4458 Dewey Dr. New Port Richey, FL. 34652

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Lori Somero

4458 Dewey Dr.

New Port Richey, FL. 34652

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Lori Somero 4458 Dewey Dr.

New Port Richey, FL. 34652

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 Date

Signature/Incorporator Date