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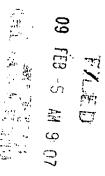
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COVER LETTER

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

SUBJECT:TC	OPADELINE GROUP, INC.	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
		,	
Enclosed are an ori	ginal and one (1) copy of the arti	cles of incorporation and	a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PPY REQUIRED
FROM: _	HOPE E. GRANT		
		(Printed or typed)	•
•	231 NW 146 STREET	Address	· · · · · · · · · · · · · · · · · · ·
	MIAMI, FL 33168	, State & Zip	
	786-269-4673	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:

TOPADELINE GROUP, INC.

PRINCIPAL OFFICE ARTICLE II

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

231 NW 146 STREET MIAMI, FL 33168

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

The corporation is organized for the purpose of contracting any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Hope E. Grant 231 NW 146 Street Miami, FL 33168 -

President, Secretary

ARTICLE VI REGISTERED AGENT

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

Hope E. Grant 231 NW 146 Street Miami, FL 33168

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Hope E. Grant 231 NW 146 Street Miami, FL 33168

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

Signature/Inco