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COVER LETTER

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

	(PROPOSED CORPOR	ATE NAME – <u>MUST INC</u> I	LUDE SUFFIX)
losed are an orig	inal and one (1) copy of the ar	ticles 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 PY REQUIRED
FROM:		ret Williams e (Printed or typed)	
	9102 Fred Street Address		SECRE TARY
	Hudson, FL 34669 City, State & Zip		
	727-819-3374		

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

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The name of the corporation shall be:

MAJI Products, Inc.

ARTICLE II PRINCIPAL OFFICE

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

9102 Fred Street Hudson, FL 34669

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

ARTICLE IV SHARES

The number of shares of stock is: 100 Common

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Margaret Williams Jim Williams 9102 Fred Street 9102 Fred Street

Hudson, FL 34669 Hudson, FL 34669 President Vice President

ARTICLE VI REGISTERED AGENT

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

Margaret Williams 9102 Fred Street Hudson, FL 34669

ARTICLE VII **INCORPORATOR**

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

Margaret Williams Jim Williams 9102 Fred Street 9102 Fred Street Hudson, FL 34669 Hudson, FL 34669

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