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(Re-	questor's Name)			
(Add	dress)			
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PICK-UP	MAIT	MAIL		
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(Document Number)				
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SECRETARY OF STATE



COVER LETTER

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

VOUD	EVOLUCIVE SERVICES CORS			
SUBJECT: YOUR	EXCLUSIVE SERVICES CORP. (PROPOSED CORPOR	ATE NAME – <u>MUST INC</u> L	.UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	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 PPY REQUIRED	
FROM: M	ARIA SANTIN			
Name (Printed or typed)				
25823 SW 128 COURT Address				
	MIAMI, FL 33032	y, State & Zip		
	786-473-2924 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)

ARTICLE I NAME

The name of the corporation shall be:

YOUR EXCLUSIVE SERVICES CORP.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 25823 SW 128 COURT, MIAMI, FL 33032

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFESSIONAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
MARIA SANTIN
PVST
25823 SW 128 COURT
MIAMI, FL 33032

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: MARIA SANTIN 25823 SW 128 COURT MIAMI, FL 33032

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: MARIA SANTIN 25823 SW 128 COURT MIAMI, FL 33032

		service of process for the above stated corporation at the place designated in this interest and agree to act in this capacity
· ·	 4.	

Moua Sentin 04-14-08
Signature/Registered Agent Date

Moua Sentin 04-14-08

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