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COVER LETTER

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

SUBJECT: Alfredda J. Smith-Oda	to, P.A.	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u> I	UDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation an	d a check for:
\$70.00 \$78.75	□ \$78.75	587.50
\$70.00 \$78.75 Filing Fee	Filing Fee	Filing Fee,
& Certificate of Status	& Certified Copy	Certified Copy
		& Certificate of
	ADDUTIONAL	Status
r	ADDITIONAL CO	UPY REQUIRED
	•	
FROM: Alfredda J. Smith-Odato		
Nam	e (Printed or typed)	
7109 Coachlight Street		
7108 Coachlight Street	Address	
Sarasota, Florida 3424	3	
City,	, State & Zip	
941-504-5758		
Daytime 1	Telephone number	
4		
<u>fred@alfredda.com</u> E-mail address: (to be use	ed for future annual report	notification)

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)

RTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing address, it	
	7108 Coachlight Street	7108 Coachlight Stree	nt
	Sarasota, Florida 34243	Sarasota, Florida 342	43
ARTICLE III	DITEROSE		
	which the corporation is organized is:		
Real Estate			
			PE C
ARTICLE IV	SHARES		哲二世
	ares of stock is:100		Sign 70
			一路公中
	INITIAL OFFICERS AND/OR DIREC		777
Name and 1 Address:	Title: Alfredda J. Smith-Odato	Name and Title:	
Address:	7108 Coachlight Street Sarasota, Florida, 34243	Address:	22 8
	•		gn
	42.0.00		
	Title:	Name and Title:	
Address:		Address:	
			
Name and T	Title:	Name and Title:	
Address:			
A DTTCI E VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptal	nie) of the registered agent is:	
Name:	Alfredda J. Smith-Odato	or are registered agent is:	
Address:	7108 Coachlight Street		
	Sarasota, Florida 34243	·····	
A DARKAT SE STOP			
	drage of the Incorporator is:		
	dress of the Incorporator is:		
he <u>name and ad</u> Name:	Alfredda J. Smith-Odato	To-control of the control of the con	
he <u>name and ad</u>	Alfredda J. Smith-Odato		
he <u>name and ad</u> Name: Address:	Alfredda J. Smith-Odato 7108 Coachlight Street Sarasota, Florida 34243		
he name and ad Name: Address: laving been nam	Alfredda J. Smith-Odato. 7108 Coachlight Street Sarasota, Florida 34243 ned as registered agent to accept service of p		
he name and ad Name: Address: laving been nam	Alfredda J. Smith-Odato 7108 Coachlight Street Sarasota, Florida 34243		
he name and ad Name: Address: laving been nam	Alfredda J. Smith-Odato. 7108 Coachlight Street Sarasota, Florida 34243 ned as registered agent to accept service of p		
he name and ad Name: Address: laving been nam	Alfredda J. Smith-Odato 7108 Coachlight Street Sarasota, Florida 34243 med as registered agent to accept service of p um familiar with and accept the appointment	is registered agent and agree to act in this	
he name and ad Name: Address: laving been nam	Alfredda J. Smith-Odato. 7108 Coachlight Street Sarasota, Florida 34243 ned as registered agent to accept service of p	is registered agent and agree to act in this	
The name and ad Name: Address: daving been named this certificate, I do	Alfredda J. Smith-Odato 7108 Coachlight Street Sarasota, Florida 34243 med as registered agent to accept service of p um familiar with and accept the appointment Required Signature/Registered Agen	is registered agent and agree to act in this	capacity // 8 20/0 Date
The name and ad Name: Address: daving been name his certificate, I do submit this doc	Alfredda J. Smith-Odato 7108 Coachlight Street Sarasota, Florida 34243 med as registered agent to accept service of p um familiar with and accept the appointment Required Signature/Registered Agen ument and affirm that the facts stated herei	is registered agent and agree to act in this Lit t n are true. I am aware that the false inj	capacity // 8 20/0 Date
The name and ad Name: Address: daving been name his certificate, I do submit this doc	Alfredda J. Smith-Odato 7108 Coachlight Street Sarasota, Florida 34243 med as registered agent to accept service of p um familiar with and accept the appointment Required Signature/Registered Agen	is registered agent and agree to act in this Lit t n are true. I am aware that the false inj	capacity // 8 20/0 Date