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| (Re | questor's Name) | |
|-------------------------|---------------------|---------------------------------------|
| (Ad | dress) | |
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| (Cit | y/State/Zip/Phone # | f) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Name | e) |
| (Do | cument Number) | · · · · · · · · · · · · · · · · · · · |
| Certified Copies | _ Certificates o | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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J. Stylene DEC: 5:1 SULL

COVER LETTER

. . ., - .-

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

| SUBJECT: Josy Enterprises, Inc. | C. ATE NAME – MUST INC | I libe cureiv | |
|--|-------------------------------------|--|------------|
| Enclosed are an original and one (1) copy of the art | | | |
| Enclosed are an original and one (1) copy of the art | icies of incorporation ar | id a check for: | |
| \$70.00 \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status | |
| | ADDITIONAL C | OPY REQUIRED | |
| FROM: Law Office of Alexander S | Socia, P.A. e (Printed or typed) | | |
| 3650 N Federal Hwy | Suite 217 | ZOLO D TÄHL | والاستنبال |
| Lighthouse Point, FL | 33064 State & Zip | ZDIO DEC 20 J | Section 1 |
| 954-366-5256 Daytime T | elephone number | ANII: 58 | |
| alex@alexsocia.com | d for future annual report | | |

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 a | Mailing address, if different is: | |
|---------------------------------|---|-----------------------------|---|--|
| | 100 N Federal Hwy | | address, it different is: | |
| Si Bo | uite 52 oca Raton, FL 33431 | | | |
| | | | | |
| he purpose for wh | | | | |
| | ich the corporation is organized is: n any and every lawful business | s whatsoever whe | ether herein mention | |
| or not | | | | |
| | | | | |
| RTICLE IV | | | | |
| ne number of share | s of stock is: | | | |
| | INITIAL OFFICERS AND/OR DIRECTOR | | | |
| Name and Tit Address: | c:Lucius Josette, DPVS 11290 NW 40th St | Name and Title: | | |
| Addicas. | Boca Raton, FL 33065 | 7 tuuress. | | |
| | | | | |
| Name and Tit | e: | Name and Title: | _ | |
| Address: | | Address: | | |
| | | | | |
| | | | | |
| | e: | Name and Title: | | |
| Address: | | | | |
| | | | | |
| RTICLE VI | REGISTERED AGENT | | 2010 DEC-20 NLL_SI/SSE | |
| | da street address (P.O. Box NOT acceptable) of | | | |
| Name: | Alexander Socia, Esq. | | | |
| Address: | 3650 N Federal Hwy, Suite 217 Lighthouse Point, FL 33064 | • | 20 | |
| | · | - | | |
| | NCORPORATOR | | | |
| e <u>name and addi</u> Name: | ress of the Incorporator is: | | ## ₹ * C | |
| Name: Address: | Eric Filkins | • | <u>5</u> | |
| 14419501 | 440 S Federal Hwy, Suite 207B Deerfield Beach, FL 33441 | • | , | |
| vino bela name | l as registered agent to accept service of process | for the above stated corp. | oration at the place designate | |
| s ceptifiyate, s am | familiar with and accept the appointment as regu | stered agent and agree to d | act in this capacity | |
| | 1/1/- | | 17 10-111 | |
| WLLIN | Required Signature/Registered Agent | | 12-10-10 | |
| | Required Signature/Registered Agent | | 1.Jate | |
| ubmit this docum | nent and affirm that the facts stated herein are | true. I am aware that the | fulse information submitted | |
| cument to the De | pariment of State constitutes a third degree felony | as provided for in s.817.1: | 55, F.S. | |
| 1/ | / | | 17 - 10 - 10 Date | |
| 1 ~ / | | | | |