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क्षा विक्रीय

COVER LETTER

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

SUBJECT: G Wohl and Associates	s Inc			
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	<u>LUDE SUFFIX</u>)		
Enclosed are an original and one (1) copy of the arti-	cles of incorporation ar	id a check for:	•	
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED		
	<u> </u>		7	
FROM: Greg Wohl	(Printed or typed)			
Name	(Frinted or typed)		2	<u> </u>
5512 Liberty Plain Cr				SIA 35
,	Address		贸	£
Tampa, FI 33611		************************	2010 DEC 22	ARY O
City,	State & Zip		7	30
813-832-4255			=======================================	ALE:
Daytime T	elephone number		~~J	•
gregwohl@verizon.net E-mail address: (to be user	I for future annual repor	t 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)

THEL

	NAME G Wohl and Associates	SECRETARY OF STALE. Inc. DIVISION OF CARE PRATES
The name of the corp	poration shall be:	2010 DEC 22 PM 1: 47
55	PRINCIPAL OFFICE Principal <u>street</u> address 512 Liberty Plain Cr	Mailing address, if different is:
	ampa, FI 33611	
ARTICLE III I The purpose for wh Any and all law	ich the corporation is organized is:	
ARTICLE IV The number of share	es of stock is: 100	
	INITIAL OFFICERS AND/OR DIRECTOR	
Address:		Name and Title:Address:
Name and Tit Address:	le:	Name and Title: Address:
Name and Tit Address:	le:	
	REGISTERED AGENT ida street address (P.O. Box NOT acceptable) o	the registered agent is:
Address:	Gregory Wohl 5512 Liberty Plain Cr Tampa, Fl 33611	-
ARTICLE VII	INCORPORATOR	
	ress of the Incorporator is:	•
Name: Address:	Gregory Wohl 5512 Liberty Plain Cr Tampa, Fl 33611	
	d as registered agent to accept service of proces a familiar with and accept the appointment as reg	s for the above stated corporation at the place designated in istered agent and agree to act in this capacity
		12/19/2010
 _	Required Signature/Registered Agent	Date
I submit this document to the De	•	true. I am aware that the false information submitted in a was provided for in s.817.155, F.S.