## P10003600

(Requestor's Name)					
(Ad	dress)				
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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PS 1/12/11

## **COVER LETTER**

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

SUBJECT: Industrial General Expo	ort, Inc.				
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LÜDE SÜFFIX)			
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d 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			
State of the second sec	ADDITIONAL C	OPY REQUIRED			
	and with a personal section and and a	the state of the s			
, FROM: Delmiro Campelo					
Name	(Printed or typed)				
4419 Southwest 20th Lane					
A	Address				
Gainesville, FL 32607	State & Zip	<del></del>			
352-281-5214  Daytime Telephone number					
pk@savemytax.com  E-mail address: (to be used 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)

ARTICLE I	NAME Industrial General Expo	ort, Inc.		FILED
	corporation shall be:		11	JAN 10 PM 3: 5
ARTICLE II	PRINCIPAL OFFICE			rent is 2017 OF STATE
	Principal street address		Mailing address, if diffe	rent is all the Samuel
	4419 Southwest 20th Lane		<u> </u>	AND THE SEE ALL COME.
	Gainsville, FL 32607			
ARTICLE III				٠
	which the corporation is organized is:		<b>-</b> .	
To buy and	sell industrial products and supplies in	order to mak	e a protit.	
ARTICLE IV The number of sh	SHARES ares of stock is: authorized to issue 100,00	0 common sh	ares.	
	INITIAL OFFICERS AND/OR DIRECTOR		Dalas Camada (	250 8 T
Name and Address:	Title: Delmiro Campelo, President 4419 Southwest 20th Lane	_ Name and Title	: <u>Delsy Campelo, (</u>	Doth Lane
Address:	Gainsville, FL 32607		Gainsville, FL 326	
	Gallisville, FL 32007	<del></del> 	Gainsville, 1 L 320	
Name and	Title:	Name and Title	::	
Address:		Address:		
Nome and	Title:	— Name and Title	,.	
Address:		Address:	•	
. 144. 005.		_		
		_		
	REGISTERED AGENT			
	lorida street address (P.O. Box NOT acceptable) o	f the registered age	nt is:	
Name: Address:	Delmiro Campelo	_		
Address:	4419 Southwest 20th Lane Gainsville, FL 32607	<del>_</del>		
	·	_		
ARTICLE VII	INCORPORATOR  Idress of the Incorporator is:			
Name:	Delmiro Campelo			
Address:	4419 Southwest 20th Lane	_		
	Gainsville, FL 32607	_ _		
	ned at registered agent to accept service of proces am familiar with and accept the appointment as reg			
	11/1/		01-0	01-2011 Date
	Required Signature/Registered Agent		<del></del>	Date
I submit this document to the	cument and affirm that the facts stated herein are Department of State/constitutes a third degree felon	e true. I am award y as provided for i	e that the false informa in s.817.155, F.S.	ntion submitted in a
1).	Winning		01.	- 01-2011
<del>!/1</del>	Required Signature Incorporator			Date