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COVER LETTER

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

SUBJECT: About Yorkie Love, inc.	•			
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)		
Enclosed are an original and one (1) copy of the article	cles of incorporation an	nd a check for:	_	
			1	
\$70.00 Filing Fee Filing Fee	\$78.75 Filing Fee	\$87.50 Filing Fee,		
& Certificate of Status	& Certified Copy	Certified Copy	ŀ	
•	· · ·	& Certificate of		
	ADDITIONAL C	Status		
	ADDITIONAL C	OPY REQUIRED		
FROM: Tamara Camden				
Name	(Printed or typed)			
819 Peacock Plaza #564		5	פועה פועום אנ	
Address			SECRETA DIVISION OF	
			N - 8	T'
Key West, FL 33040				
City,	State & Zip		P	
305-296-7837			3: 59	
	elephone number		6 3	
4				
tamcam@tamcam.com E-mail address: (to be used	for future annual report	notification)		

NOTE: Please provide the original and one copy of the articles.

: 1

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE i The name of the co	NAME About Yorkie Love, inc.		SECHETARY OF STATE DIVISION OF CORPORATION
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing	2011 JAN 18 PM 4: 00 address, if different is.
8	319 Peacock Plaza #564		
Ŀ	Key West, FL 33040		
-	•		
ARTICLE III			
	hich the corporation is organized is:		
any and all la	wful business		
ARTICLE IV	SHARES the number of charge this corn	oradion is such suits at the	have autotanding at any one
	res of stock is: the number of shares this corp- time is one-hundred(100) at one	e dollar (\$1.00) par valu	nave outstanding at any one le per share
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR		
Address:	itle:Tamara Camden, President	_ Name and Title:	
Address.	819 Peacock Plaza #564		
	Key West, FL 33040		
Name and Ti	itle:Waslay Camdan VP	Name and Title:	
Address:	itle:Wesley Camden, VP 819 Peacock Plaza #564	Address:	
radios.	Key West, FL 33040		
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	itle:		
Address:		Address:	······································
		<u> </u>	
ARTICLE VI	REGISTERED AGENT		
The name and Flo	rida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Tamara Camden	_	
Address:	819 Peacock Plaza #564	_	
	Key West, FL 33040	_	
ARTICLE VII	INCORPORATOR		
	Iress of the Incorporator is:		
Name:	Tamara Camden		
Address:	819 Peacock Plaza #564	=	
114214351	Key West, FL 33040	<u>-</u>	
	1107 11004 1 1 20070		
	ed as registered agent to accept service of proces. n familiar with and accept the appointment as reg		
		diction agent and agree to	
_ Uar	Required Signature/Registered Agent		-/ -/
•	Required Signature/Registered Agent		Date
I submit this docu	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felon	true. I am aware that the	e false information submitted in a
	·	, province joi in SiUI/iI	
(Ilnn	an Camon		1-11-11
_J/W/h	Required Signature/Incorporator	· · · · · · · · · · · · · · · · · · ·	Date