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SECRETARY OF STATE



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## COVER LETTER

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

SUBJECT: Pristine Paper Inc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	DPY REQUIRED
FROM: <u>Peter Iskowitz</u> Name	(Printed or typed)	
819 Normandy Trace RdA	ddress	
Tampa FL 33602 City, S	State & Zip	
813-505-9910 Daytime Te	lephone number	
pristinepaper@yahoo.com E-mail address: (to be used	for future annual report	notification)

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



January 11, 2011

PETER ISKOWITZ 819 NORMANDY TRACE RD TAMPA, FL 33602

SUBJECT: PRISTINE PAPER INC. Ref. Number: W11000001564

We have received your document for PRISTINE PAPER INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the city, state and zip code in your document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 511A00000835

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

	7 44 3717 PM	ristine Paper Inc.				
The name of the cor	poration shall be:					
ARTICLE II  8	Principal <u>stre</u> 19 Normandy			Mailing address, if different is:		
ARTICLE III	PURPOSE					<del>-</del>
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					SECHETATY TALLAHASSEE	
ARTICLE IV The number of share					PH 12: 01 Of SIATE E. FLORIDI	6
The number of snar	es of stock is.				<u>ජ</u> ීස් යි	
	lePeter Iskow	ers and/or directity dy Trace Rd Tampa	Name and Title			
Name and Tit	le:		Name and Title	e:		
Address:						
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Name and Tit Address:						
ARTICLE VI The name and Flor Name: Address:	ida street address Peter Iskov	AGENT (P.O. Box NOT acceptab vitz 819 Normandy	Trace & O	ent is:		
	INCORPORATO	<del></del>				
The <u>name and add</u> Name:	ress of the Incorpor	rator is: vitz-819 Normandy	Trace Ro T	7 ~~~	731,0	
Address:	Feler Skov	<u> </u>	<del></del> _	HUMB K	C 2790T	
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	Required S	ignature/Registered Agent			Date	
		and the facts stated herein				d in a
document to the De	partment of State o	constitutes a third degree j	felony as provided for i	n s.817.155, F	Z.S. / /	
					1/4/11	
	Required	Signature/Incorporator			Date	
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