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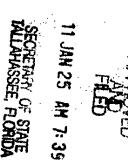
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COVER LETTER

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

SUBJECT: Just 4 You SER (PROPOSED CORPORA	VICES INC	
(PROPOSED CORPORA	ATE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
•	ADDITIONAL C	OPY REQUIRED
FROM: HARIA E. RUIZ	e (Printed or typed)	
7750 S.W.	117 Are Suite 2018	
	Address	
dnigni	FLO RIDA 33183 State & Zip	<u></u>
City,	state & Zip	
305- 59		
Daytime 1	Felephone number	
mariaquins	9 Chotmail com	
E-mail address: (to be use	ed for future annual report	notification)

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

APPHOVED FILED 11 JAN 25 AM 7: 39

January 18, 2011

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

Re: P07000031295

JUST 4 YOU SERVICES

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me at 305 595-2407.

Sincerely,

Adrienne Vazquez

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

ARTICLE I NAME

	poration shall be: Just 4 You s	ERVICES INC.	FILED
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing a	ddrest, JAMe25 isAM 7: 39
-	1986 N. W. 25 Ct. Sule 1	SAME	<u> </u>
	MIAMI FLORIDA 33125		SECRETARY OF STATES TALLAHASSEE, FLORIDA
•	ich the corporation is organized is:		TURIDA
ALL AND A	ANT LAWFUL PURPOSE		
INA 30-8	70/804		
ARTICLE IV She number of share	SHARES s of stock is: 100 @ \$1.00		
	INITIAL OFFICERS AND/OR DIRECT	S ANG	
	e: ADRIENNE VAZQUEZ, PR 1986 N.W. 23 Ct &1	೯೮. Name and Title:	
Address.	MIAMI FR 33125	Address:	
Name and Titl	e:		
Address:		Address:	<u> </u>
Name and Titl Address:	e:	Address: \	
			
	REGISTERED AGENT		
he <u>name and Flori</u> Name:	da street address (P.O. Box NOT acceptable APRIENNE VA2QUE2		
Address:	1986 N.W. 33 Ct +1		
	HIAMI FL 33/25	*******	·
DTCIETT I	AVCORDORATION		
	<u>NCORPORATOR</u> ess of the Incorporator is:		
	ADRIENNE VAZQUEZ		
Address:		-	
	1986 N.U. 22 C+ & 1 HIAMI R 33125		
	as registered agent to accept service of pro familiar with and accept the appointment as		
	• • • • • • • • • • • • • • • • • • • •	0 0	ct in this cupacity
Alan .	Va.		1/10/11
causa	Varyance Required Signature/Registered Agent		1/18/11 Date
			2440
	nent an d affirm that the facts stated herein pa <mark>rtment</mark> of State constitutes a third degree fe		
0	Required Signature/Incorporator		1/18/11
Warene. I	agrey .		1 /