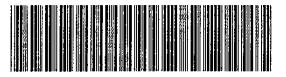
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COVER LETTER

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

1700

SUBJECT: GENE GENE IN (PROPOSED CORPORA)	C; TE NAME – <u>MUST INC</u>	LUDE SUFFIX)	
Enclosed are an original and one (1) copy of the artic	eles of incorporation an	d a check for:	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	687.50 Filing Fee, Certified Copy & Certificate of Status	
	ADDITIONAL	OPY REQUIRED	
FROM: GENE O'NE	(Printed or typed)		
901 S€32 S7 A	ddress		2011
Cape Const, FC	33904 State & Zip	AHASSEI	
239 - 549 Daytime Te	3358 lephone number	1 m : 1 C	•
E-mail address: (to be used	or future annual report		

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)

The name of the corpor	ME ation shall be: GENE GENE	INC.
ARTICLE II PR	INCIPAL OFFICE Principal street address	Mailing address, if different is:
- 9	01 SE 32 ST Aps Coral, FC 3390+	
ARTICLE III PUT The purpose for which	RPOSE the corporation is organized is: For Profit	
ARTICLE IV SH	IARES f stock is: 100	
Name and Title: Address:	TIAL OFFICERS AND OR DIRECT GENE O'NEIL DIR SIG GLAJC Haples, FL 3410S	Name and Title: Anthony Knolczyk Vi Address: 901 CE 32 57
Name and Title: Address:		Name and Title: Address:
Name and Title: Address:		Name and Title:Address:
	GISTERED AGENT street address (P.O. Box NOT acceptable GENE ONE	e) of the registered agent is:
	CAPE CONA , FC 33 CORPORATOR	SSEE.
The <u>name and address</u> Name: Address:	Anthony Knolczyk 901 SE132 ST Cape Conal, FC 339	
	registered agent to accept service of pro	cess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
Ame (7 Phul Required Signature/Registered Agent	3/1/1 Date
		are true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S.
A.	Anthony Krolczyk Required Signature/Incorporator	3/1/11 Date