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COVER LETTER

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

SUBJECT: BIOXSTEM Inc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	icles of incorporation an	d a check for:
	D070.75	
\$70.00 Filing Fee Filing Fee	\$78.75 Filing Fee	\$87.50
Filing Fee Filing Fee & Certificate of Status	& Certified Copy	Filing Fee, Certified Copy
& Certificate of Status	& Certified Copy	& Certificate o
		Status
	ADDITIONAL C	OPY REQUIRED
FROM: RAUL JARA		
Name	e (Printed or typed)	
10847 NW ST_SUITE #		
1	Address	
MIAMI , FL 33172	State & Zip	
Chy,	State & Zip	
786-4262543		
Daytime T	elephone number	·
·	-	
BIOXSTEM@YAHOO.C	OM	
H_mail address (to be use	A TAE DIFIITA ANNIIAI TANAM	nontreation i

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 BIOXSTEM Inc.		
The name of the c	corporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		ing address, if different is:
	10847 NW 7ST SUITE#14	SAME	
	MIAMI, FL 33172		> × × × × × × × × × × × × × × × × × × ×
	· · · · · · · · · · · · · · · · · · ·		S TE FEFE
ARTICLE III	· · · · · · · · · · · · · · · · · · ·		A A A
The purpose for v	which the corporation is organized is:		Mild Hard
IMPORT/EX	VDODT		SS T
IMPORT/ EXPORT			hic B man
			armi a
ARTICLE IV	CHADIC		ठेल क
	ares of stock is: 500		D
	INITIAL OFFICERS AND/OR DIREC		
Name and I Address:	Title: RAUL JARA/ CEO 10847 NW 7 ST SUITE #14	Name and Title:	
Address:	MIAMI. FL 33172		
	MINIMI, I C JULY 2		
Name and T	Title:		
Address:			
	•		12 111 1111 1111
Name and 'I Address:	Title:	Name and Title:	
Address:		Address.	
ADTICLE IT	DECISTEDED ACEDS		
	REGISTERED AGENT prida street address (P.O. Box NOT acceptab	le) of the registered agent is:	
Name:	RAUL JARA	or the regionered agoin io.	
Address:	10847 NW 7 ST SUIATE #14		
	MIAMI, FL 33172		
ADTICI E VII	INCORPORATOR		
	dress of the Incorporator is:		
Name:	RAUL JARA		
Address:	10847 NW 7 ST SUITE #14		
	MIAMI, FL 33172		
Having been nan	ned as registered agent to accept service of pr	ocess for the above stated o	corporation at the place designated in
	m familiar with and accept the appointment a		
	(daple)		
			03-10-11
	Required Signature/Registered Agent		Date
I submit this does	ument and affirm that the facts stated herein	are true. I am muare that	t the false information submitted in a
	omen and affirm infa the facts stated never Department of State donstitutes a third degree f		
	Miller	was proceedings on the	
	10/		03-10-11
	Required Signature/Incorporator		Date