## 711000028443

(Requestor's Name)				
(Address)				
(Address)				
(Addless)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

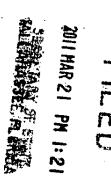
Office Use Only



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## **COVER LETTER**

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

SUBJECT:	FEDWEL INC					
	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)			
Enclosed are an or	iginal and one (1) copy of the artic	cles of incorporation an	d a check for:			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED			
		ADDITIONAL C	OF I REQUIRED			
FROM: _	FEDWEI Name	L INC (Printed or typed)				
	10501 S ORAN	GE AVE STE 10	5			
10501 S ORANGE AVE STE 105 Address						
ORLANDO, FLORIDA City, State & Zip						
	Ony,	State & Zip	2 3	E		
_	407-888-4482  Daytime Telephone number					
	·	-	700			
JRIVERS@JRIWORLDWIDE.COM  E-mail address: (to be used for future annual report notification)						

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 INGLUR INC	•	
The name of the c	orporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
III(IIODD II	Principal street address	Mailing a	ddress, if different is:
	10501 S ORANGE AVE		
-	SUITE 105		
	ORLANDO, FLORIDA 32824		
ARTICLE III	DITEDAGE		
	which the corporation is organized is:		
	ONAL CORPORATION		•
ARTICLE IV	SHARES		
The number of sha	ares of stock is: 100		
		<b>5</b> 0	
	INITIAL OFFICERS AND/OR DIRECTOR  Title: JOHNNY RIVERS		
Address:	12101 CRESCENT COVE COURT		
Addiess.	WINDERMERE, FL 34786		
	YVIIII SWILLING, I. C. MAZZAMO		
			<del></del>
	Title:	Name and Title:	
Address:			
		<del></del>	
	Title:	Name and Title:	
Address:		Address:	
			<u></u>
ARTICLE VI			<b>Z</b> c ≥
The name and Fl	orida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	JOHNNY RIVERS	_	MAR T
Address:	12101 CRESCENT COVE COU	RI	
	WINDERMERE, FL 34786	<del>_</del> .	
ARTICLE VII	INCORPORATOR		
	Idress of the Incorporator is:		
Name:	JOHNNY RIVERS	<del></del>	
Address:	12101 CRESCENT COVE COUR	I	8 2
	WINDERMERE, FL 34786	_	-
Havina heen nan	ned as registered agent to accept service of proce	ess for the above stated corn	oration at the place designated it
	am familiar with and accept the appointment as re		
		0 0	2//
- 77			3/16/11
	Required Signature/Registered Agent		. Date
	<b>)</b>		
I submit this doc	ument and affirm that the facts stated herein ar	re true. I am aware that the	false information submitted in o
document to the 1	Department of State constitutes a third degree felo	ny as provided for in s.817.1:	00, F.S.
	11		2/1/1
	Required Signature/Incorporator	<u> </u>	11   01   Vie
	Required Signature/Incorporator		Date