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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

1. Burn

SUBJECT: PHIL ROC SALES, 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 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROM: PHILIP S CARNEY Name	(Printed or typed)	
11 ARDISIA CIRCLE		
	ddress	
ORMOND BEACH, FL 3 City, S	82174 State & Zip	
386 672-3906 Daytime Te	elephone number	
JODASHANN@AOL.CO E-mail address: (to be used	M 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 II	PRINCIPAL OFFICE		
MATICIAS 21	Principal street address	Mailing	address, if different is:
•	11 ARDISIA CIRCLE	,	
	DRMOND BEACH, FL 32174		
ARTICLE III	PURPOSE		
The purpose for w	which the corporation is organized is:		
ANY AND AL	L BUSINESS IN THE STATE OF	FLORIDA	
			产品 主 可能
			## W F
			55.55
ARTICLE IV	<u>SHARES</u> res of stock is:100		Eno. 3
The number of sna	res of stock is:100		77 = 1
	INITIAL OFFICERS AND/OR DIRECT		유를 2
	itle:PHILIP'S CARNEY	Name and Title:	- SH R
Address:	11 ARDISIA CIRCLE		
	ORMOND BEACH, FL 32174		· ·
	itle:	Name and Title:	
Address:		Address:	. ,
Name and T	itle:	Name and Title:	
Address:		Address:	
	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable		
Name: Address:	PHILIP S CARNEY		
Address.	11 ARDISIA CIRCLE ORMOND BEACH, FL 32174		
	,		
	INCORPORATOR		
The <u>name and add</u> Name:	Iress of the Incorporator is:		
Address:	PHILIP S CARNEY 11 ARDISIA CIRCLE	<u> </u>	
Address.	ORMOND BEACH, FL 32174		
	·	- 1-	
	ed as registered agent to accept service of pro		
this certificate, I ar	n familiar with and accept the appointment as	registered agent and agree to	act in this capacity
	WW N		25251
	Danied Simon / Business A American		
	Required Signature/Registered Agent		Date
l submit this docu	ment and affi rm that the facts stated herein	are true. I am aware that the	e false information submitted in a
	epartment of State constitutes a third degree fe		
/			•
(_	May U		01-25-17
	Required Signature/Incorporator		Date