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SECRETARY OF STATE PALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: KARLA GLASS MAST	ER, CORP	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation ar	nd 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
	ADDITIONAL C	Status OPY REQUIRED
	RNANDEZ (Printed or typed)	
6970 NW 186 ST APT #	104 Address	
HIALEAH, FL 33015	State & Zip	
561-294-0580 Daytime T	elephone number	
ERNESTO6990@YAHO E-mail address: (to be use	O.COM d 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)



<u>ARTICLE I</u>	KARLA GLASS MAS	STER, CORP	
The name of the	corporation shall be:	•	
ARTICLE II	PRINCIPAL OFFICE	11 MAY 3 ! PM	14: 44 %
	Principal street address	Mailing address, if different is:	
	6970 NW 186 ST APT #104	SECRETAIN OF	STATE
	HIALEAH, FL 33015	TALLAHASSHE, F	<u>LOHI</u> DA
4 D B 101 D 111	PLIP POOR		
ARTICLE III	r which the corporation is organized is:		
GLASS CL			
ARTICLE IV	SHARES		
The number of s	hares of stock is: 100		
ADTICIT VI	INITIAL OFFICERS AND/OR DIREC	TOPE	
		ENT Name and Title:	
Address:	6970 NW 186 ST APT #104		
. 1001000	HIALEAH, FL 33015		
,	t Tial	Name and Title	
Name and Address:	a riue:	Name and Title:	
Addiças.	4		
		4-1-1	
	l Title:	Name and Title:	
Address:		Address.	
	REGISTERED AGENT	13.69	
The <u>name and </u>	Florida street address (P.O. Box NOT acceptal: LUIS E HERNANDEZ	de) of the registered agent is:	
Address:	6970 NW 186 ST APT #104	P	
riddiess.	HIAL FAH, FL 33015		
	·	MANAGEMENT PROPERTY.	
	INCORPORATOR		
	address of the Incorporator is:		
Name: Address:	LUIS F HERNANDEZ	 .	
Addiças.	6970 NW 186 ST APT 104 HIALEAH, FL 33015		
Umdun kasu un	and as positioned about to assent possion of p	rocess for the above stated corporation at the place design	antad la
		rocess for the unove stated corporation at the place design is registered agent and agree to act in this capacity	iaica ai
unus con ny romo, z	- 4	b regimes our agoin and agree to not ar that suppressy	
	lift	05/21/2011	
	Required Signature/Registered Agent		
	Troquido Signicio Trogriscio Trigoni	,	
		n are true. I am aware that the false information submitt	ted in a
document to the	Department of State constitutes a third degree	felony as provided for in s.817.155, F.S.	
	0,00		
	X4	05/21/2011	
	Required \$ignature/Incorporator	Date	

Required \$ignature/Incorporator