## P11000056588

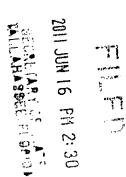
(Requestor's Name)					
(Address)					
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(Cit	ty/State/Zip/Phone	- #)			
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	cument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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## **COVER LETTER**

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

SUBJECT:		CHIO, INC		
(PROPOSEL	CORPORATI	E NAME – <u>MUST INC</u>	LUDE SUFFIX)	
Enclosed are an original and one (1) cop	by of the articl	es of incorporation and	d a check for:	-
\$70.00 Filing Fee & Certificate of	Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	OPY REQUIRED	j
FROM: <u>Avrohom Epsteir</u>	Name (	Printed or typed)		70
<u>4209 NW 90th T</u>		dress		= 77
Coral Springs, F				2011 JUN 16 PH 2: 30
(803) 629-4740	Daytime Tel	ephone number		2:30
avroeps@yahoo E-mail addres	.com s: (to be used t	or 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)

The name of the co	rporation shall be: Pistachio, Inc			
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address		Mailing add	lress, if different is:
	209 NW 90th Terrace			
Ω	oral Springs, FL 33065		<u> </u>	
<del>-</del>				
ARTICLE III				
	hich the corporation is organized is:			
Any and all le	gal business.			
ARTICLE IV	SHARES			
	es of stock is: 1,000,000			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS	a. Aurobon	n Enatain Mambar
Address:	tle:Samantha Panigel, Member 4209 NW 90th Terrace	Name and 110	NN DOON	V 90th Terrace
Addiess.	Coral Springs, FL 33065		Coral Sr	orings, FL 33065
		<del></del>	<u> </u>	7111gs, 1 L 00007
Name and Ti	·la·	Name and Titl		
Address:	tle:	Name and 110		
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Nome and Th	al a .	N 1774		
Address:	tle:	Name and 111		
/ (ddi ¢35.				
				- 1
4 D. M. C. C. D. C. C.				
	REGISTERED AGENT	-> - C41 1 1		
Name:	rida street address (P.O. Box NOT acceptable Avrohom Epstein, Member		ent is:	
Address:	4209 NW 90th Terrace			5 5 E
71047055,	Coral Springs, FL 33065	<del></del>		
	_	<del></del>		
	INCORPORATOR			€ N
	ress of the Incorporator is:			, co
Name:	Avrohom Epstein, Member	<del></del>	•	5 × 0
Address:	4209 NW 90th Terrace			***
	Coral Springs, FL 33065			
Havina hoon nama	d as registered agent to accept service of pro	scare for the above s	tatad aawaar	ntion at the place designated i
his certificate. I an	n familiar with and accept the appointment as	registered agent and	agree to act	inon ut me place designated t in this capacity
11.				
Mun	Xu can			June 6, 2011
	Required Signature/Registered Agent			Date
	Ton the second second	_		
subnat this document	ment and affirm that the facts stated herein	are true. I am awar	e that the fa	ilse information submitted in
weyment to the De	fartment of State constitutes a third degree fe	tiony as provided for	in s,817,155,	r.S.
Mar-	1			huma 0, 0044
<del>   </del>	Required Signature/Incorporator			June 6, 2011