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(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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2011 JUL -1 PH 2: 30

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COVER LETTER

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

SUBJECT: J F S Lopez Inc.				
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)		
•				
Enclosed are an original and one (1) copy of the arti	cles of incorporation an	d a check for:		
\$70.00	\$78.75	\$87.50		
Filing Fee Filing Fee & Certificate of Status	Filing Fee	Filing Fee, Certified Copy		
& Certificate of Status	& Certified Copy	& Certificate of		
		Status		
	ADDITIONAL C	OPY REQUIRED		
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, 				
Ossis M. Lanas				
FROM: Sonia M. Lopez	(Printed or typed)	····		
	(1 min or 9 pro)	******		
7537 Palmera Pointe Cir	cle Unit 101		2011	
	Address		2011 JUL -	
T 51 00045		E P	r 	Companies The sections
<u>Tampa FL 33615</u>	State & Zip			
Oily,	State & Zip	314	H	1
813.766.1624		**	$\dot{\varsigma}$	741
Daytime T	elephone number	Section 1.	30	
lanaz saniam@arrail as	••			
lopez.soniam@gmail.co E-mail address: (to be use	d for future annual repor	t notification)	•	

NOTE: Please provide the original and one copy of the articles.



Division of Corporations

RECEIVED

11 JUL - 1 PM 12: 54

DIVISION OF CORPORATIONS

June 1, 2011

SONIA M.LOPEZ 7537 PALMERA POINTE CIRCLE UNIT #101 TAMPA, FL 33615

SUBJECT: MDM COMPANY, INC. Ref. Number: W11000029807

JFS LOPEZ

We have received your document for MDM_GOMPANY, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6924.

Sharon Collins Regulatory Specialist II New Filing Section

Letter Number: 611A00013335

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the co						
ARTICLE II	PRINCIPAL OFFICE Principal street address		Malling	44 (0.4)00 (
7	7537 Palmera Pointe Circle		ivianing a	ddress, if different is	S.	
	Jnit 101	-				
Ī	ampa FL 33615					
ARTICLE III	DIPPOSE					
	hich the corporation is organized is:					
	y legal opportunity for financial grow	th				
	•			•		
ARTICLE IV						
The number of sha	res of stock is 33,000					
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	RS				
Name and T	itle: Jose M Lopez II Director	Name an	d Title:			
Address:	14542 Rutledge Sa	Address:			•	
	San Diego CA 92128	_				
•						
Name and T	itle:Frances D Lopez Director	Name an	d Title:			
Address:	7537 Palmera Pointe Circle	Address:				
	Unit 101					
•	Tampa FL 33615	_		•		
Name and T	itle: Sonia M Lopez Director	_ Name an	d Title:			
Address:	7537 Palmera Pointe Circle	Address:				
•	Unit_101					
	Tampa FL 33615	_				
	REGISTERED AGENT					
	rida street address (P.O. Box NOT acceptable) o	f the register	red agent is: .	₹ 25	26	
Name:	Sonia M Lopez				=	
Address:	7537 Palmera Pointe Circle Unit 1	1.01			늘	mly
	Tampa FL 33615	- .			ţ	< a1.21
ARTICLE VII	INCORPORATOR					Employed (May)
,	<u>Iress</u> of the Incorporator is:				סיי	-
Name: Address:	Frances D Lopez			¥	- TOE	a selection
Address.	7537 Palmera Pointe Circle Unit 19 Tampa FL 33615	0.1			Ö	****
	1211pa 1 E 30010	_		£3 1	30	
	ed as registered agent to accept service of proces				designa	ited in
this certificate, I ai	m familiar with and accept the appointment as re	gistered ager	nt and agree to a	ct in this capacity		
Xmi	MA			42 June 20	.44	
- 200 KG	Paguinad Ciary tura / Dagistary d Agast		<u> </u>	13 June 20	•	
	Required Sign ture/Registered Agent	9° 200		Dat	ie	
I submit this docu	ment and affirm that the facts stated herein ar	e true. I am	aware that the	false information :	submitte	ed in a
document to the D	epartment of State constitutes a third degree felor	ıy as provide	ed for in s.817.1:	55, F.S.		
4/1/2	was show it					
	VICE LIVIS			13 June 2		
\mathcal{L}	Required Signature Incorporator			D	ate	