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PICK-UP	· MAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
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of 8/3/11

COVER LETTER

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

SUBJECT: EDREY BODY SHOP (PROPOSED CORPORA)	CORP. TE NAME – MUST INC	LUDE SUFFIX)		
(FROI OSED CORI ORA	TE NAME - <u>MOST INC.</u>	BODE SOFTIA		
Enclosed are an original and one (1) copy of the artic	cles of incorporation ar	d a check for:	7	
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	`	
FROM: Edrey Acosta Name	(Printed or typed)			
5303 NW 7 ST Unit-L	ddress			
Miami FL 33126	State & Zip	· · · · · · · · · · · · · · · · · · ·	2011 AUG -	SECRETA DIVISION OF
(786)308-6482	alambana numbar		2 P	RY OF
·	•	notification)	M 2: 03	SKATION
From: Edrey Acosta Status FROM: Edrey Acosta Name 5303 NW 7 ST Unit-L Miami FL 33126 City, (786)308-6482	\$78.75 Filing Fee & Certified Copy ADDITIONAL C (Printed or typed) Address State & Zip elephone number	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	2011 AUG -2 PM	DIVISION OF CORPORATION

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. The name of the corporation shall be: EDREY BODY Shop	. Corp
	ss, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	SECRETARY OF SECRE
ARTICLE IV SHARES / DD The number of shares of stock is:	:
Name and Title: EDEV ACOSTA President Pand Title: Address: 5303 NW, 75T, Address: Highi FL 33/26.	
Name and Title: Address: Address: Name and Title: Address:	
Name and Title: EDPEV A COSTA. Name and Title:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: EDREV HCOSTA Address: 5303 NW.757. HIGHLE FLORIDA STACE Address: 5303 NW.757.	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Address: Address: Address: The name and address of the Incorporator is: ACOSTA Address: Add	
Having been named as registered agent to accept service of process for the above stated corporation this certificate, I am familiar with and accept the appointment as registered agent and agree to act in	4
Required Signature/Registered Agent	7-20-11 Date
I submit this document and affirm that the facts stated herein are true. I am aware that the false document to the Department of State constitutes a third degree felony as provided for in s.817.155, F	
Edicy Acos The Required Signature/Incorporator	7-20-11