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SECRETARY OF STATE

MRJ,

COVER LETTER

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

Rodriguez Framework Services, Inc			
	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the arti	cles of incorporation ar	nd a check for:
\$70.00 Filing Fee	\$78.75 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: _	Anthony R. Rodriguez	(Printed or typed)	
_	2413 Bayshore Blvd.	#1202	
	<i>I</i>	Address	
_	Tampa, Florida 3362 City,	29 State & Zip	
_	813-843-0689	elephone number	
	Dayume 1	erephone number	
	arrod11@verizon.net E-mail address: (to be used		
	E-mail address: (to be used	d for future annual repor	t 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 I NAME

The name of the corporation shall be:

Rodriguez Framework Services, Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address:

2413 Bayshore Blvd, #1202 Tampa, Florida 33629

Mailing address:

2413 Bayshore Blvd, #1202 Tampa, Florida 33629

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all legal purposes

ARTICLE IV SHARES

The number of shares of stock is:

7500 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Anthony R. Rodriguez, President

Address:

2413 Bayshore Blvd, #1202

Tampa, Florida 33629

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Anthony R. Rodriguez 2413 Bayshore Blvd, #1202 Tampa, Florida 33629

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Anthony R. Rodriguez 2413 Bayshore Blvd, #1202 Tampa, Florida 33629

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Required Signature/Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

Data