P110000077957

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Coomso 2ma), rearre,				
(Document Number)				
(Basament Hamber)				
Cartifical Canian Cartification of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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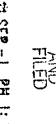




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SECRETARY OF STATE



1/1

COVER LETTER

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

SUBJECT:		ERVICES, C	
	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation an	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: _	MARIA GIAN	VET PUMA e (Printed or typed)	
_	1749 VESTA		
		Address	
_	CORAL SPRING	S FL 330 State & Zip	071
	954-644-		
_	Daytime Daytim	Telephone number	
	E-mail address: (to be use		t notification)
	L-man address, (to be use	a for future aimual report	i 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 The name of the co	NAME orporation shall be: PUMA SERVICES	5, Co.	F1 SEP -1 PH 1: 12
ARTICLE II	PRINCIPAL OFFICE	•	HOEL CHICK IS
HICITORIA IA	Principal street address	M	niling States Tradition STATE TALLAHASSEE, FLORIDA
	1749 Vestal Way		TALLAHASSEE, FLORIDA
-	Coral Springs , FIL 3307/		
ARTICLE III	PURPOSE		
The purpose for v	which the corporation is organized is:		
ANY AND	D ALL LAWFUL BUSINES	5	
ARTICLE IV The number of sha	SHARES ures of stock is: /00		
	INITIAL OFFICERS AND/OR DIRECTO		
	itle: MARIA GIANET PUHA, DIRECTO		
Address:	1749 VESTAL WAY		
	CORAL SPRINGS, FL 3307	<u></u>	
Name and Title:_ Address:	itle:		
		Address:	
		<u> </u>	
Name and T	itle:	Name and Title:_	
Address:		Address: _	
-			
ARTICLE VI	REGISTERED AGENT		
The <u>name and Fl</u>	orida street address (P.O. Box NOT acceptable)	of the registered agent	is:
Name:	MARIA GIANET PUMA	_	
Address:	1749 VESTAL WAY CORSL SPILNGS, FL 33	07)	
ARTICLE VII	INCORPORATOR	· · ·	
	dress of the Incorporator is:		
Name:	MARIA GIANET PUMA		
Address:	CORAL SPENGS, FL 330	771	
Havina heen nan	ned as registered agent to accept service of proce	 ess for the above state	ed corporation at the place designated
	m familiar with and accept the appointment as re		ree to act in this capacity
		_	08/30/201,
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein a Department of State constitutes a third degree felo		
wcumeni w ine L	repairment of since consumes a man degree few	ny ao provinca joi in s	/ /
	- The		08/30/201
-	Required Signature/Incorporator		Date