PIDUOSIGTY

(Requestor's Name)	
(Nequestors Maille)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT .	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	ls
Special Instructions to Filing Officer:	
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Office Use Only	



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COVER LETTER

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

SUBJECT: SOKO ENTERPRIS	ES, 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 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
•	ADDITIONAL C	OPY REQUIRED
FROM: Shawn Woodall	(Printed or typed)	
10928 Summerton D	r. Address	
Riverview, Fl. 33579	State & Zip	
813-323-1380 Daytime T	elephone number	
sokoflooring@aol.co E-mail address: (to be use	M 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)

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