711000688526

	(Requestor's Name)	
	(Address)	
	(Address)	·
	(Citv/State/Zip/Phone #)	
PICK-UF	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	

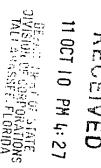
Office Use Only



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FILING CANCELLED RETURNED CHECK





2. 200 OC! 1 " 5011

COVER LETTER

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

SUBJECT:	ABeng	Imper	sia_	HOLDINGS ATENAME-MUSTING	INC		
`	1	(PROPOSED	CORPOR	ATE NAME – <u>MUST INC</u>	LUDE SUFFIX)		
Enclosed are an	original and	l one (1) cop	y of the ar	ticles of incorporation ar	nd a check for:		
						7	
\$70.00	878.7			\$78.75	\$87.50		
☐ Filing F			. .	Filing Fee	Lifiling Fee,		
	& Ce	ertificate of S	status	& Certified Copy	Certified Copy & Certificate of	, }	
					Status		
				ADDITIONAL C	OPY REQUIRED		
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FROM	: Um	ar M S	mi TH	e (Printed or typed)			
			Nam	e (Printed or typed)			
	367						
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	O	MAR -		·com		မ္သ	
	F	-mail address	s: (to be use	ed for future annual renor	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)

FILING CANCELLED RETURNED CHECK

ARTICLE I NATIONAL NA	AME oration shall be:	18eng Ima	PRIAL HOLDING	s Inc	
ARTICLE II PI	RINCIPAL OFFIC Principal street as	<u>CE</u>	. N	failing address, if diff	
	JPB 34	33414			
ARTICLE III PUT he purpose for which	TRPOSE h the corporation is	organized is:			
ANY	& ALL L	egial Busin	V SS		
ARTICLE IV SI	HARES				
		S AND/OR DIREC	TORS		
Name and Title: Address:	OMAR SM 367 BERG RPB FO	ith cp) enger walk 33414 ch	Name and Title: Address:	MAMAR SMI 367 BORCE RPB FL Royal Palm Desch	NGER WALK
			Name and Title: Address:		
Name and Title: Address:	:		Name and Title: Address:		
ARTICLE VI RI The <u>name and Florid</u> Name: Address:	a street address (P. OMAR S 367 BOR	O. Box NOT accepta mi Til LNGER WALL		t is:	SECRETARY
The <u>name and addre</u> s	Corrorator Second of the Incorporator		4	: FLORI	
Name: Address:	DMAR 367 B	SMITH BERANGER W 34 33414	ALK.	D) A	∏
Having been named whis certificate, I am fa	as registered agent amiliar with and ope	to accept service of p	process for the above state as registered agent and a	ted corporation at th gree to act in this cap	e place designated in pacity
	MI			10.	-10 ~ 11 Date
submit this docume	. •	ature/Registered Ager the facts stated here	in are true. I am aware		
locument to the Depa	irtment of State con	stitutes a third degree	e felony as provided for in	s.817.155, F.S.	0 - 1a:
	Required Si	gnature/Incorporator			Date