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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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COVER LETTER

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

SUBJECT: Murillo Management G	roup Inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	nd a check for:
\$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: Mauricio Murillo Name	(Printed or typed)	
111 E. Monument Ave., S	Suite 324 address	
Kissimmee, Florida 347	41 State & Zip	J
(407) 394 - 1835 Daytime Te	elephone number	····
murillomanagement@gm	nail.com	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)

The name of the cor	NAME Murillo Management G poration shall be:	roup inc.	
ARTICLE II	PRINCIPAL OFFICE		14 10 100
- 4	Principal street address	Mailing	address, if different is:
	11 E, Monument Ave.	<u> </u>	
K!	uite 324 ssimmee, Fl. 34741		
171	SSIIIIIIEE, 11. 54741		
RTICLE III 1			
	rich the corporation is organized is: e, and rent real estate residential pr	coporty for individual	real estate property owner
vialiage, leas	e, and tent real estate residential pr	operty for individual	real estate property owner
RTICLE IV			
he number of share	es of stock is:10,000		
RTICLE V	INITIAL OFFICERS AND/OR DIRECTO	RS	
	le:Maria Murillo - CEO, CFO	Name and Title: Maur	icio Murillo - Secretary, CM
Address:	7704 Indian Ridge Trail South	Address: <u>7707</u>	Indian Ridge Trail South
	Kissimmee, Fl. 34747	Kissn	nmee,Fl. 34747
Name and Tit	le:	Name and Title:	
Address:			
Name and Tit	le:		
Address:		Address:	
DAICLE IN	REGISTERED AGENT		
	ida street address (P.O. Box NOT acceptable)	of the registered agent is:	TALLAH
Name:	Mauricio Murillo	or and regionered agent io.	
Address:	7707 Indian Ridge Trail South		NASSEE ON SON
Kissimmee FL	Kissimmee Fl. 34747		Size 00 +
	· · · · · · · · · · · · · · · · · · ·		Me 🚍 YY
	INCORPORATOR		The state of the s
ne <u>name and addi</u> Name:	ress of the Incorporator is:		G: O
Address:	Kregg Smith 111 E. Monument Ave, Suite 324		
Address.	Kissimmee, Fl. 34741	_	>
Invited have	d as registered agent to accept service of proce	nee for the characterist	monation at the place decimated in
	u as registered agent to accept service of proce familiar with and accept the appointment as re		
iks cernyicute, t um	a d	Sister ca agerii aria agree io	wer in the capacity
	(Lilling of 5)		11/04/2011
<u>-</u>	Required Signature/Registered Agent		Date
submit this docum	nent and affirm that the facts stated herein a	re true. I am aware that th	ne false information submitted in a
ocument to the De	partment of State constitutes a third degree felo	ny as provided for in s.817.	155, F.S.
' <i>K</i>	read (. #A)		11/04/2011
	Required Signature/Incorporator	***************************************	11/04/2011 Date