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COVER LETTER

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

SUBJECT: Prosperity Media Group	o, Corp.			
(PROPOSED CORPORA	ΓΈ NAME – <u>MUST INC</u>	LUDE SUFFIX)		
Enclosed are an original and one (1) copy of the artic	eles 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	f	
	ADDITIONAL C	OPY REQUIRED	╛	
FROM: Walfreddy Gomez PA	(Printed or typed)			
3450 West 84 Street Suit				,
A	ddress		2011	Si: ≪.
Hialeah Gardens, FL 33018 City, State & Zip			4- AON 1102	
786 234-2260			2	- <u>8</u> - 2€ - 51
Daytime Te	elephone number		-: 5	:
gomezwal@hotmail.com E-mail address: (to be used	for future annual repor	notification)	4	

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 Prosperity Media Group, Corp. The name of the corporation shall be:		oup, Corp.	JIVISIUN OF CONTURNAL		
ARTICLE II	PRINCIPAL OFFICE				
	Principal street address		2011 NOV -4 PM 1:55		
	3020 SW 119 Ave # 105	P.O. B	ox 260308		
	Miramar, FL 33025		oke Pine, FL 33026 US		
			· · · · · · · · · · · · · · · · · · ·		
	which the corporation is organized is:				
Any and All	Lawful Business				
ARTICLE IV The number of sh	SHARES nares of stock is: 1000				
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	TORS			
	Title:Andrea Gonzalez, President		:Juan C Cabrera, Vicepresident		
Address:	3020 SW 119 Ave # 105	Address:	3020 SW 119 Ave # 105		
	Miramar, FL 33025		Miramar, FL 33025		
Name and	Title:	——— Name and Title	e:		
Address:		Address:			
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Nome and	Title:	Nome and Titl	a.		
Address:	Title:	Name and Titl	e:		
rtuaress.					
ARTICLE VI	REGISTERED AGENT				
	lorida street address (P.O. Box NOT acceptab	ole) of the registered age	ent is:		
Name:	Juan C Cabrera				
Address:	.3020 SW 119 Ave # 105				
	.Miramar, FL 33025		•		
ARTICLE VII	INCORPORATOR				
	ddress of the Incorporator is:				
Name:	Walfreddy Gomez PA				
Address:	3450 West 84 Street Suite 202	D_F			
	Hialeah Gardens, FL 33018				
##					
	med as registered agent to accept service of p				
inis cerujicaie, i	am familiar with and accept the appointment a	is regisiereu ageni ana			
	G.		11/03/2011		
	Required Signature/Registered Agen	t	Date		
I submit this do	cument and affirm that the facts stated herei	n are true. I am awar	e that the false information submitted in a		
	Department of State constitutes affirmed degree				
			. / - / .		
	Hermann.		11/03/11		
	Required Signature/Incorporator		/ Daye		