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(Ad	dress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	· WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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T. Suroh NOV " 9 2011

## **COVER LETTER**

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

SUBJECT: Carrellour Mariagerii	ent Company	<u> </u>
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	UDE SUFFIX
Englaced are an original and are (1) serve of the art	:-1	J L 1. C
Enclosed are an original and one (1) copy of the arti	icles of incorporation and	a a check for:
\$70.00	\$78.75	\$87.50
Filing Fee Filing Fee	Filing Fee	L_Filing Fee,
& Certificate of Status	& Certified Copy	Certified Copy
		& Certificate of
•		Status
	ADDITIONAL CO	DPY REQUIRED
	<u> </u>	
FROM: Jackenson Petit Homme		
Name	(Printed or typed)	. <del></del>
8470 NW 4th Ct.		
	Address	
Miami, FL 33150		
City,	State & Zip	<del></del>
305-814-6608		
Daytime T	elephone number	
<u>Carrefourmanageme</u> E-mail address: (to be use	ntcompany@d	amail.com
E-mail address: (to be use	d for future annual report	hotification)

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	corporation shall be: Carrefour n	nanagement Company		
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing address, if different is:		
	8470 NW 4th Ct.			
	Miami, FL 33150			
	PURPOSE			
The purpose for The purpo	r which the corporation is organized is: ose of this company is to offer	r management services to companies that		
are in nee	ed of management services of	r any service that we can legally provide te 🕍 🖯	至	
any comp	eany or any individual.		Se Se	न्तु
ARTICLE IV	SHARES	Service Control of the Control of th	<u></u>	=
	shares of stock is 1000	:"Sa	œ ≆	
ARTICLE V	INITIAL OFFICERS AND/OR DIRE	ctors : :::		9
Name and Address:	Ritte-Jackenson Petit Homme/ CE 8470 NW 4th Ct Miami, FL 33150	Address: 8470 NW 4th Ct.	t: 2 <sub>1</sub>	
Name and Address:	Title:Jackenson Petit Homme/ Pre 8470 NW 4th Ct. Miami, FL 33150	esident Name and Title: Address:		
Name and Address:	Title: Jackenson Petit Homme/ Treasure 8470 NW 4th Ct Miami, FL 33150	Name and Title:Address:		
ARTICLE VI The pame and Name: Address:	REGISTERED AGENT Florida street address (P.O. Box NOT accept Jackenson Petit Homme 8470 NW 4th Ct. Miami, FL 33150	<u></u>		
ARTICLE VII	INCORPORATOR			
	address of the Incorporator is:			
Name: Address:	Jackenson Petit Homme 8470 NW 4th Ct Miami, FL 33150	<b>2</b>		
		process for the above stated corporation at the place designated in t as registered agent and agree to act in this capacity		
4,1	Schuff /	11/05/2011		
V	Required Signature/Registered Age			
I submit this do	ocument and affirm that the facts stated here	ein are true. I am aware that the false information submitted in a		
document to the	Department of State constitutes a third degre	re felony as provided for in s.817.155, F.S.		
Su	Aut ffn I	11/05/2011		
7	Required Signature/Incorporator	r Date		