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## **COVER LETTER**

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

SUBJECT: Crew Hotels Inc.			<del>_</del>	
(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 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED		
FROM: Jorge G. Ramos	e (Printed or typed)	TALLAHA	2011 DEC -5	7)
1441 Cordova Rd.	A 11		-5	ing a si
4	Address	בי. בי רני. ביש פיני	P	177
Fort Lauderdale, FL 33	316	OR.	ı	
954-523-7090	State & Zip	-117 35	35	
thebridgebedandbreakfa E-mail address: (to be use	st@gmail.com d for future annual report	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)

The lattle of the	corporation shall be:			
ARTICLE II	PRINCIPAL OFFICE	B.f. illing and	Idean is disserant in	
	Principal street address	iviaiting ac	ldress, if different is:	
	1441 Cordova Rd. Ft. Lauderdale, FL 33316			
	FI Lauderdale, FL 55316			
ARTICLE III	PURPOSE			
	which the corporation is organized is:			
Operate Ho	nei(>).			
ARTICLE IV				
The number of s	hares of stock is: 100			
	INITIAL OFFICERS AND/OR DIRECTORS Title: Jorge G. Ramos - President Na	ima and Title:		
Address:	1441 Cordova Rd. Ad			
Addicas.	Ft. Lauderdale, FL 33316			
	- L-CHINGHOLE, L-ADMIN			
Name and	Title:N	ame and Title:		
Address:	A	ldress:		
Name and	Title:N	ame and Title:		
Address:	A	idress:		
			2811 350	
	REGISTERED AGENT			
	Florida street address (P.O. Box NOT acceptable) of the	registered agent is:	AHA OEC	
Name:	Jorge G. Ramos		SA C	
Address:	1441 Cordova Rd		Sin	
	Et Lauderdale, FL 33316		m <sub>m</sub>	
ARTICLE VI	INCORPORATOR			
	address of the Incorporator is:		S7 <b>7 1</b>	
Name:	Jorge G. Ramos		စ်ကို ယ	
Address:	1441 Cordova Rd		> <b>८</b> 1	
	Ft. Lauderale, FL 33316			
Having been na	med as registered agent to accept service of process for	the above stated corpo	ration at the place designated in	
this certificate,	am familiar with and accept the appointment as register	ed agent and agree to a	ct in this capacity	
$\lambda$	me & Kamol		11/30/2011	
//	Required Signature/Registered Agent	<del></del>	Date	
I submit this de	ocument and affirm that the facts stated herein are true	. I am aware that the	false information submitted in a	
	Department of State constitutes a third degree felony as			
(			-	
>	form & Kamoli		11/30/2011	
	Required Signature/Incorporator	<del></del>	Date	