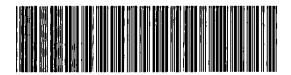
## P11000108613

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

Office Use Only



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MD 12/29

## **COVER LETTER**

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

SUBJECT: <u>/</u> /s/	ide Inc.		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an o	original and one (1) copy of the ar	ticles of incorporation ar	nd a check for:
\$70.00 Filing Fed	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate o Status OPY REQUIRED
FROM:	Manuel Ryd Nam	12	
	Nam	ne (Printed or typed)	
	2335 NW 20th S	treet	
-		Address	
_	Miami Florida 3	3142	
_	City	, State & Zip	
	305-633-7205		
_		Telephone number	
	mrydz e coolisgroup.	iom	
-	E-mail address: (to be us	ed for future annual repor	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 name of the cor	NAME poration shall be: いいはってい		
ARTICLE II	PRINCIPAL OFFICE		
	Principal <u>street</u> address 1335 NW 20th Street	Mailing	address, if different is:
_	Miami Florida 33144		
<del></del> -			
ARTICLE III F	PURPOSE		
	ich the corporation is organized is:		CR
			등 등 등 기
Ketail Sale	s of Shoes and apparel.		SS 27
			المارين المارين
		, ,	
	~	*	28
The number of share	SHARES es of stock is: /e D	** ,	35E <b>2</b>
The number of share	es of stock is: 700		A
	<u>INITIAL OFFICERS AND/OR DIRECTO</u>		
Name and Tit			
Address:	Minmi, Florida 3314V	Address:	
	7 - 1/60 - 11   1 CBF   CASE   33 - 1 F		
	0 . 0 . 1		
Name and Titi Address:	10: Kaguel Rydz STD  1335 NW 20th Street	Name and Title:	
Address:	Minmi, Florida 33142	Address:	
	· · · · · · · · · · · · · · · · · · ·		
NI 170%	•	N/ 1/77/41	
Name and Titl Address:	le:		
11001055.			
ARTICLE VI	REGISTERED AGENT		
	ida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	manuel Kyalz	<del>-</del>	
Address:	Mami, Florider 3314V	<del></del>	
	FIRMI FICHOLET 3314V	<del>_</del>	
ARTICLE VII	INCORPORATOR		
	ress of the Incorporator is:		
Name: Address:	Manuel Rydz 1335 NW 20th Street	<del></del>	
Aduless.	Mami Florida 33142.	_	
	•	_	
	d as registered agent to accept service of proce		
inis cerujicaie, i am	familiar with and accept the appointment as re	gisierea ageni ana agree io	act in this capacity
UN/	anul (. In		n=1-19-2011
	Required Signature/Registered Agent	)	DIFC-19-20//
			- <del></del>
	nent and affirm that the facts stated herein ar		
aocument to the Dep	partment of State constitutes a third degree felo	ny as provided for in s.817.1	33, F.S.
111/1/1	17 . 1 cm		1754-14-2011
und or	Required Signature/Incorporator	<del>,</del>	DEU-19-20//