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SECRETARY OF STATE

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COVER LETTER

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

SUBJECT: Vhappy		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation ar	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
	ADDITIONAL C	OPY REQUIRED
FROM: MARY NORWOOD Name	e (Printed or typed)	
2140 BELAFONTE LAN	E Address	
ORLANDO, FL 32811 City,	State & Zip	
407-797-9846 Daytime T	elephone number	
mary.norwood@ocfl.net E-mail address: (to be use	d for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the corporate			FILED
464	Principal office Principal street address 4 YEARLING COVE LOOP OPKA, FL 32703	M	12 JAN 20 PH 2: 50 lailing address, if different is: SECRETARY OF STATE TALLAMASSEE, FLORID
The purpose for which TO HONOR DE COSMETIC PU	th the corporation is organized is: EMAND AND SUPPLY OF PRODUC	CTS FOR PER	SONAL HYGIENE AND
ARTICLE IV S. The number of shares			
	ITIAL OFFICERS AND/OR DIRECTOR MARY NORWOOD DIRECTOR 2140 BELAFONTE LANE ORLANDO, FL 32811	Name and Title:_	
Name and Title Address:	:MARCUS BROWN DIRECTOR 464 YEARLING COVE LOOP APOPKA, FL 32703		
Name and Title Address:	:MARGIE WILKES 15503 WILLET COURT MASCOTTE, FL 34753		
*************************************	EGISTERED AGENT La street address (P.O. Box NOT acceptable) of MARY NORWOOD 2140 BELAFONTE LANE		is:
ARTICLE VII II	ORLANDO , FL 32811 WCORPORATOR ss of the Incorporator is:	-	
Name: Address:	BAMBI JONES 11724 132ND AVE LARGO , FL 33778		dd
this certificate, I am f	as registered agent to accept service of process amiliar with and accept the appointment as regi	jor the above state stered agent and ag	a corporation at the place designated in ree to act in this capacity
Mary	Required Signature/Registered Agent		01/15,2012 Date
I submit this dovarne document to the Dapa	ent and uffirm that the facts stated herein are artment offState constitutes a third degree felony	true. I um aware ti as provided for in s	hat the false information submitted in a s.817.155, F.S.
	Required Signature/Incorporator	.	01/15/2012 Date