## P2000/6949

(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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## **COVER LETTER**

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

SUBJECT: IC-DISC-TESCO,Inc.		
(PROPOSED CORPORATE	E NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the article	es 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
	ADDITIONAL C	OPY REQUIRED
FROM: JEFFREY THOMAS  Name (F	Printed or typed)	
8603 S Dixie Highway Sui	te 400	
Ado	dress	
Miami, Florida 33143 City, Sta	ate & Zip	
305-740-0005  Daytime Tele	ephone number	
E-mail address: (to be used for	or future annual report	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. (Repfit) FTARY OF STATE

	in compliance vital enapter covia	DIVISION OF CORPORATIONS
ARTICLE I		•
The name of the co	rporation shall be:	12 FEB 17 AMII: 17
ARTICLE II	PRINCIPAL OFFICE	, <del>-</del>
	Principal street address	Mailing address, if different is:
8	603 S. Dixie Highway	
2	uite 400	
M	liami FL 33143	
ARTICLE III	PURPOSE	
	hich the corporation is organized is:	
		for which corporations may be incorporated
	rida Corporations Act.	, , , ,
ARTICLE IV The number of shar	SHARES res of stock is: 100	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	DRS
Name and Tr Address:	uciuelirey i nomas, Pres.	Name and Title:
Address:	8603 S Dixie Highway	Address:
	#400	
	Miami FL33143	
Name and Ti	tle:	Name and Title:
Address:		Address:
N I m		
	tie:	Name and Title:
Address:		Address:
ARTICLE VI	REGISTERED AGENT	
The name and Flor	rida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Jeffrey Thomas	
Address:	8603 S Dixie Highway # 400	<u> </u>
	Miami Fl 33143	
ARTICLE VII	INCORPORATOR	
	ress of the Incorporator is:	
Name:	Jeffrey Thomas	
Address:	8603 S Divia Highway # 400	<del>_</del>
	8603 Ś Dixie Highway # 400 Miami FI 33143	<del></del>
Having been name this certificate, i.d.	ed as registered agent to accept service of processing a service of processing a service of processing as referring the service of processing as referring as ref	ress for the above stated corporation at the place designated in egistered agent and agree to act in this capacity
-/uff	7 1 100	2/13/2012
/ 11/	Required Signature/Registered Agent	/ Pate
I sylomit this docu	ment and affirm that the facts stated herein a	re true. I am aware that the false information submitted in c
	spartment of State constitutes a third degree felo	
//X		· · · · · · · / /
////	Waln-	2/13/2012
-/717	Required Signature/Incorporator	Date
, ,,	•	