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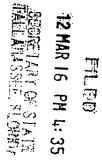
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COVER LETTER

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

SUBJECT: Law Office of Guichard	St. Surin, P.A	₹.
(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 \$78.75	\$78.75	\$87.50
☐ Filing Fee ☐Filing Fee	☐Filing Fee	Filing Fee,
& Certificate of Status	& Certified Copy	Certified Copy
		& Certificate of
	ADDITIONAL C	Status
	ADDITIONAL C	OPY REQUIRED
sport Cuichard St. Surin. Eag		
FROM: Guichard St. Surin, Esq.	(Printed or typed)	
	(, , , , , , , , , , , , , , , , , , ,	
13161 Corbel Circle #83	5	
	Address	
Fort Myers, FL. 33907		
City,	State & Zip	
407-111-8	170	
407- J21-8 Daytime T	elephone number	<u> </u>
·		
GSTSURIN1@GMAIL.C E-mail address: (to be use	ОМ	
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 INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	PRINCIPAL OFFICE Principal street address	Mailing ac	Mailing address, if different is:	
	1950 Courtney Drive			
	STE 206			
	Fort Myers, FL. 33901-9017			
ARTICLE III	PURPOSE		2	
	which the corporation is organized is:		AR	
	egal service to people in the communi	ity.		
	• • •	•	6 6 E	
			# 2 8	
			+	
ARTICLE IV SHARES			3 3 3 S	
	nares of stock is: 100		ere and a second	
	INITIAL OFFICERS AND/OR DIRECTO			
	Title: Guichard St. Surin, Esq. Presiden			
Address:	1950 Courtney Drive			
SIE 200	STE 206 Fort Myers, FL. 33901-9017			
	EUR MYEIS, FL. 33901-9017			
Name and	Title:			
Address:				
		_		
Name and	Title:	Name and Title:		
Address:		Address:		
ARTICLE VI	REGISTERED AGENT			
	lorida street address (P.O. Box NOT acceptable)	of the registered agent is:		
Name:	Guichard St. Surin. Esg.			
Address:	1950 Courtney Drive, STE 206			
	Fort Myers, FL 33901-9017	<u> </u>		
	• •			
ARTICLE VII				
	ddress of the Incorporator is:			
Name:	Guichard St. Surin, Esq.			
				
Name:	1950 Courtney Drive, STE 206 Fort Myers, FL 33901-9017	 		
Name: Address: Having been na	1950 Courtney Drive, STE 206 Fort Myers, FL 33901-9017 med as registered agent to accept service of process.			
Name: Address: Having been na	1950 Courtney Drive, STE 206 Fort Myers, FL 33901-9017			
Name: Address: Having been na	1950.Courtney Drive, STE 206 Fort Myers, FL 33901-9017 med as registered agent to accept service of procean familiar with and accept the appointment as re	egistered agent and agree to a	ct in this capacity	
Name: Address: Having been na	1950.Courtney Drive, STE 206 Fort Myers, FL 33901-9017 med as registered agent to accept service of procean familiar with and accept the appointment as re	egistered agent and agree to a	ct in this capacity	
Name: Address: Having been na	1950 Courtney Drive, STE 206 Fort Myers, FL 33901-9017 med as registered agent to accept service of process.	egistered agent and agree to a	ct in this capacity	
Name: Address: Having been nathis certificate, I	1950 Courtney Drive, STE 206 Fort Myers, FL 33901-9017 med as registered agent to accept service of processor familiar with and accept the appointment as responsible accept the appointment accept the appointment as responsible accept the appointment accept the accept the appointment accept the acc	ichard St. Surin	of in this capacity O 3/14/2011 Date	
Name: Address: Having been nathis certificate, I	1950 Courtney Drive, STE 206 Fort Myers, FL 33901-9017 med as registered agent to accept service of processor familiar with and accept the appointment as responsible accept the appointment and affirm that the facts stated herein and accept the service of processor factors are accept to accept the appointment and accept the appointment and accept the appointment as responsible to accept the acceptance of the acceptance a	egistered agent and agree to a ichacd St. Suring retrue. I am aware that the	ct in this capacity $ \frac{03/14/2011}{\text{Date}} $ false information submitted in a	
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