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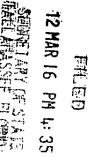
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Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

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T. Burch MAR 1 8 2012

COVER LETTER

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

SUBJECT: 2635-37 NW 22 CT CC	RPORATION	1
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti-	cles of incorporation ar	nd 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: 2635-37 NW 22 CT COR	PORATION	
Name	(Printed or typed)	
801 BRICKELL KEY BL\		
A	Address	
MIAMI, FLORIDA. 3313 City,	31 State & Zip	
786-290-5817 Daytime To	elephone number	
ITA3@LIVE.COM E-mail address: (to be used	d 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)

ARTICLE I

NAME

<u>ARTICLE I</u>		CORPORATION		
The name of the	e corporation shall be:			
APTICIETI	PRINCIPAL OFFICE			
AR HCLE H	Principal street address	Mailing	Mailing address, if different is:	
		ivianing a	adress, if different is:	
	801 Brickell Key Blvd, #502			
	Miami, Florida. 33131			
	. , , , , , , , , , , , , , , , , , , ,	-		
ARTICLE III	PURPOSE			
The purpose fo	r which the corporation is organized is:		Mar.	
Manageme				
•			温温 る	
			2 2	
			TE MAR 16 PH	
ARTICLE IV	SHARES		R R B	
The number of	shares of stock is:100		P = 100 :	
			97. f.	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	<u>'ORS</u>	Filtrania Car	
Name and	Title:Andre Rodriguez-Roig 801 Brickell Key Blvd. #502	Name and Title:		
Address:	801 Brickell Key Blvd. #502	Address:		
	Miami, Florida, 33131			
				
Name and	Title: Voro Cuardiolo	Name and Title	-	
Address:	Title:Yara Guardiola 801 Brickell Key Blvd. #502 Miami, Florida. 33131	Address:		
Address.	Miami Florida 33131	Address.		
	Iviattii, Fiorida. 33131			
				
Name and	l Title:	Name and Title:		
Address:		Address:		
ARTICLE VI	REGISTERED AGENT			
	Florida street address (P.O. Box NOT acceptable	a) of the registered agent is:		
Name:				
Address:	Andre Rodriguez-Roig 801 Brickell Key Blvd. #502			
Addiess.	Miami, Florida 33131			
	Iwann, Florida, 35151			
ARTICLE VI	I INCORPORATOR			
The name and	address of the Incorporator is:			
Name:	Andre Rodriguez-Roig			
Address:	801 Brickell Key Blvd #502			
	Miami, Florida, 33131	<u></u>		
	/ h			
Having been no	amed as registered agenf to accept service of pro	ocess for the above stated corp	oration at the place designated in	
this certificate, .	I am familiar with and ficcept the appointment as	registered agent and agree to a	ect in this capacity	
	\mathcal{M}^{r}			
<u>. </u>			03/12/12	
	Required Signature/Registered Agent		Date	
I	an VAII			
i submit this de	ocument and affirm that the facts stated herein	are true. I am aware that the	false information submitted in a	
aocument to the	e Department of State constitutes a third degree fe	eiony as provided for in s.817.1.	55, F.S.	
	V 46 -			
			03/12/12	
<u> </u>	Required Signature/Incorporator	`	Date	