## P120000027178

(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:





200224852372

03/19/12--01010--020 \*\*87.50

12 MAR 19 PH 1:26
SECRETARY OF STATE
ALBRIDA

MR\$20/12

## **COVER LETTER**

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

SUBJECT: Astron Solar Inc.				
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)		
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL Co	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED		
FROM: Chris S. Ferekides Name	(Printed or typed)			
1540 Camphor Cove Dr. Address				
Lutz, FL 33549  City, State & Zip				
813-468-1442 Daytime Te	elephone number			
chris ferekides@astronsolar.con E-mail address: (to be used	n I 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)

ARTICLE I The name of the corp	<del></del>				
15	PRINCIPAL OFFICE Principal street address 40 Camphor Cove Dr. tz, FL 33549		Mailing addr	ress, if different is:	
ARTICLE III P Wanufacture di	<u>vrpose</u> fa sell solati priotovoitate modu	ules.		FILED PH 1:26 12 HAR 19 PH 1:26 SECRETASSEE. FLORIS	
ARTICLE IV S The number of shares	SHARES 10,000 s of stock is:			. 26 STATE	
	NITIAL OFFICERS AND/OR DIRI Chris S. Ferekides; CEO 1540 Camphor Cove Dr. Lutz, FL 33549	Name Addre	and Title:ess:	· · · · · · · · · · · · · · · · · · ·	
Name and Title Address:	Uerry Jiali Lao; CBDO 130 Merion Lane Walnut, CA 91789	Addre	ess:		
Name and Title Address:	e:Yibo Chen; CNO 130 Merion Lane Walnut, CA 91789	Addre	ess:		
	EGISTERED AGENT  da street address (P.O. Box NOT accep  Chris S. Ferekides	table) of the regi	stered agent is:		
Address:	1540 Camphor Cove Dr. Lutz, FL 33549				
	NCORPORATOR  ess of the Incorporator is:  Chris S. Ferekides				
Having been named	1540 Camphor Cove Dr. Lutz, FL 33549  as registered agent to accept service of				
this certificate, I am	familial with and accept the appointment of the second sec	REREAL OF	-	in this capacity  2/28/2012  Date	
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
April 1	Required Signature/Incorporato	Rengan	<u> </u>	2/28/2012	