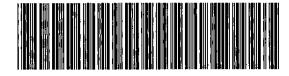
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SECRETARY OF STATE
ORIDA

MRD/12

COVER LETTER

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

SUBJECT:	QSOCCER		
	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the arti	cles of incorporation an	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: _		F. GARCIA (Printed or typed)	
ESCONDIDO WAY 2115			
	BOCA RATION City,	. FL 334 State & Zip	33
(214) 779 - 1368 Daytime Telephone number			
	garciaquev E-mail address: (to be used	edo é aol.	

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

12 APR 17 AM 11: 34

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ECRETARY OF STATE
TALLAHASSEE. FLORIDA The name of the corporation shall be: QSOCCER, INC. ARTICLE II PRINCIPAL OFFICE Mailing address, if different is: Principal street address ESCANDIDO WAY 21156 BOCA RATON, FL *ARTICLE III PURPOSE* The purpose for which the corporation is organized is: TO TEACH CHILDREN TO PLAY SOCCER WITH A SPANISH METHODOLOGY The number of shares of stock is: / ØØ (one hundred) INITIAL OFFICERS AND/OR DIRECTORS Name and Title: JOSE F. GARCIA - PRESIDENTAME and Title: ESCONDIDO WAY 2156 Address: BOCA RATON, PL 33433 Address: Name and Title: To se F. 64844 - SECRETARY Name and Title: ESCONDIDO WAY 21156 Address: Address: DUA RATON, PL Name and Title: Name and Title: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: JOSE F. GARLIA Address: ESCONDIDO WAY BOCA RATON, PL ARTICLE VII INCORPORATOR The name and address of the Incorporator is: JOSE F. GARLIA Name: Address: ESCONDIDO WAY BOCA RATON, FO Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with any accept the appointment as registered agent and agree to act in this capacity 04/13/2012. Date Required Signature Registered Agent 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.