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(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:				
Office Use Only				



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12 APR 23 PH 4: 37 SECRETARY OF STATE TALLAHASSEE FI MATE

2 5 APR 24 2012

COVER LETTER

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

SUBJECT: DI-matic, Inc.		
(PROPOSED CORPORA	FE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	eles 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 o Status
ADDITIONAL COPY REQUIRED		
FROM: Marjorie F. Robbins, P.L.	(Printed or typed)	
Post Office Box 6260	ddress	
A	adress	
Surfside, FL 33154 City, S	State & Zip	
305-865-6736 Daytime Te	lephone number	_
dibaizen@gmail.com E-mail address: (to be used	for future annual report	notification)

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

PLEASE RETURN CERTIFIED COPY OF ARTICLES AND CERTIFICATE OF STATUS TO MARJORIE F. ROBBINS, ESQUIRE IN RETURN STAMPED ENVELOPE ENCLOSED.

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

ARTICLE I The name of the co	NAME poration shall be: DI-matic, Inc.		
ARTICLE II	PRINCIPAL OFFICE Principal street address 1698 Cypress Road, Unit F loca Raton, FL 3433		if different is:
To engage or	PURPOSE hich the corporation is organized is: transact in any or all lawful activities the State of Florida or any other St		
	res of stock is: 2000 shares of common		F 12 APR 12 CRET TALLAH
Name and Ti Address:	INITIAL OFFICERS AND/OR DIRECTOR the Diane Baizen, President/Director 21698 Cypress Road, Unit F Boca Raton, FL 33433	Name and Title: Address:	
Name and Ti Address:	tle:	Address:	
Name and Ti Address:	tle:	Address:	
	<u>REGISTERED AGENT</u>		
The <u>name and Flo</u> Name: Address:	cida street address (P.O. Box NOT acceptable) o Diane Baizen 21698 Cypress Road, Unit Boca Baton, FL 33433		
ARTICLE VII	INCORPORATOR		
	Iress of the Incorporator is:		
Name: Address:	Diane Baizen 21698 Cypress Road, Unit F Boca Raion, FL 33433		
	ed as registered agent to accept service of process in familiar with and accept the appointment as reg		
Viare	Required Signature Registered Agent		25/6, 20/2 Date
	DIANE BAIZEN ment and affirm that the facts stated herein are		
	partment of State constitutes a third degree felon	y as provided for in s.817.155, F.S.	
Mare	Miller	al	or. 16, 2012 Date
	Required Signature/Incorporator		Date

DIANE BAIZEN