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COVER LETTER

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

SUBJECT: AndiePants Inc.		
(PROPOSED CORPORAT	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation ar	nd a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
	ADDITIONAL C	OPY REQUIRED
	(Printed or typed)	
<u>5765 West 14 Lane</u>	Address	
Hialeah, FL 33012	State & Zip	
786-397-5995 Daytime Te	elephone number	
ambc20@aol.com E-mail address: (to be used	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 And	liePants Inc.		PILED
The name of the	corporation shall be:			12 MAY -9 PM 2: 29
ARTICLE II	PRINCIPAL OFFIC	CE		PZ MAY -9 PM 2: 22
	Principal street a	ddress		Mailing address; if different is:
	5765 West 14 Lane		P.O. B	Mailing address, if, different is:
	Hialeah, FL 33012		Miami	Lakes, FL 33014

ARTICLE III	DIIDDOSE			•
	which the corporation is	organized is:		
	ook and multi-med			
O/mai 0/10 2	ook and main mod	no.		
ARTICLE IV	SHARES			
	pares of stock is: 100			
The number of si	imes of swork is. 100			
		S AND/OR DIRECTO		·
				le: Hector Roque JrCheif Operating Office
Address:		Lane		6409 Turkey Run Terrace
	Hialeah, FL 3	3012		Miami Lakes, FL 33014
				
Name and	Title: Lisa Szydlo-Rogu	e-Chief Executive Offic	er Name and Tit	le:Maria Szydlo-Treasurer
Address:	6409 Turkey R	un Terrace	Address:	15822 S.W.101 Street
	Miami Lakes, F	L 33014		Miami, FL. 33196
				<u> </u>
N1	T:41=.		Name and Tik	1
Address:				le:
Address.			Address.	
			_	
	REGISTERED AG			
		O. Box NOT acceptable)		gent is:
Name:		court		
Address:		4 Lane 33012	_	
	nialean, FL	33U1Z		
ARTICLE VII	INCORPORATOR			
The name and a	idress of the Incorporato	r is:		
Name:	Andrea Betar		_	
Address:	5765 West 14	Lane		
	Hlaleah, FL	33012	_	
Having been na	ned as registered agent.	to accent service of proce	ess for the above s	stated corporation at the place designated in
				d agree to act in this capacity
		1 /	,	
MO	110/20	anaut		D-1-10
	Required Signs	ature/Registered Agent		Date
/ /				
				re that the false information submitted in a
docurpent to the	Department of State eons	stitutes a third degree felo	ny as provided for	r in s.817.155, F.S.
Van	100 1/2	A- A		5-7-17
NU	WW/20	Kanlaey		0 1-10
, , <u> </u>	Paguirad Ci	mature/Incorporator		Date