## P12000045091

(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



900234978799

05/14/12--01034--006 \*\*70.00

12 MAY IL PM L: 0 SECRETARY OF STAT ALLAHASSEE FLOOR

T. Burch MAY 15 200

## **COVER LETTER**

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

SUBJECT: Guadalupe Bienes Ra	ices Corp.	
(PROPOSED CORPORA	ATE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the art	ticles of incorporation ar	nd a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
	ADDITIONAL C	OPY REQUIRED
FROм: Sergio Szerman		
Nam	e (Printed or typed)	
4377 nw 110Av	Address	
	71001035	
Miami, Fl 33178	, State & Zip	
786-390-1209	Telephone number	
sergioszerman@hotmai E-mail address: (to be use	I.COM ed for future annual report	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)

The name of the				
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address	Mailing ad	dress, if different is:	
	4377 nw 110Av			
	Miami, Fl 33178			
ARTICLE III	PURPOSE		700	
	which the corporation is organized is:		产资 72	
	lawful business			
			表出 老 二	
			AR)	
			PH 1	
ARTICLE IV	SHARES			
	pares of stock is:100		<b>4: 05</b> NTATE	
			₹# <b>3</b>	
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	TORS		
Name and Address:	Title: Sergio Szerman - President 4377 nw 110Av			
Audress:	Miami, Fl 33178			
	Wildliff, F13317B			
	Title:			
Address:			The second secon	
Name and	Title:	Name and Title:		
Address:				
	REGISTERED AGENT  lorida street address (P.O. Box NOT acceptal	nle) of the registered agent is:		
Name:	Sergio Szerman			
Address:	4377 nw 110Av			
	Miami, Fl 33178			
A TO OFFICE IN TOTAL	INCORPORATOR			
	ddress of the Incorporator is:			
Name:	Sergio Szerman			
Address:	4377 nw 110Av			
	Miami, FI 33178			
Having been na this certificate, I	med as registered agent to accept service of p am familiar with and accept the appointment of	rocess for the above stated corpo as registered agent and agree to a	ration at the place designated in this capacity  5/10/2012	
	Required Signature/Registered Agen	t	Date	
			/	
		lan arma danna all anna anna and all all all all a	Enlan improperation or hunisted in -	
I submit this do	cument and affirm that the facts stated herei	n are true. I am aware that the	false information submitted in a	
I submit this do	cument and affirm that the facts stated herei Department of State constitutes a third degree	n are true. I am aware that the felony as provided for in s.817.15	5, F.S.	
I submit this do document to the	cument and affirm that the facts stated herei Department of State constitutes a third degree	in are true. I am aware that the felony as provided for in s.817.15	false information submitted in a $5, F.S.$	