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SECRETARY OF STATE

MRDIZ

COVER LETTER

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

!

SUBJECT:	Drupol	INC. ATE NAME - MUST INC	
Enclosed are an or	iginal and one (1) copy of the ar	ticles of incorporation ar	nd a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	878.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
		i	
FROM: And Tze Corsh. Name (Rrinted or typed)			
5286 Canal Circle West			
.	Lake Uso City	y, State & Zip	33467
_	954-9 Daytime	31 - 1491 Telephone number	
	E-mail address: (to be us	Gorsh, 8 hot 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)

ARTICLE I NAME The name of the corporation shall be: Lhuzol, I	VC.
ARTICLE II PRINCIPAL OFFICE	
Principal street address 5286 Chal Circle West Lake Worth, FT	Mailing address, if different is:
33467	
The purpose for which the corporation is organized is:	
	40 2
Any lawful purpo	W FR R P
The number of shares of stock is:	70 -
•	
Name and Title: Andrze Corki, Pres. Address: 5286 Cana Circle United Marketters.	Name and Title: Address:
Name and Title:Address:	
Name and Title: Address:	
ARTICLE VI REGISTERED AGENT	
Name: Address:	ve st
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is: Name: Address: Add	West 3467
Having been named as registered agent to accept service of pr this certificate, I am familiar with and accept the appointment a	rocess for the above stated corporation at the place designated in s registered agent and agree to act in this capacity
/ / / / / /	f
Required Signature/Registered Agent	6 - 14 · 12 Date
	are true. I am aware that the false information submitted in a
	6 · / 4 - 12
Required Signature/Incorporator	Date