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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
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Office Use Only		
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COVER LETTER

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

SUBJECT: SOLID CONSULTANTS	S, INC.	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	eles of incornoration an	d a check for
Enclosed are an original and one (1) copy of the artic	les 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 of Status
	ADDITIONAL CO	OPY REQUIRED
FROM: Michael Schiffrin Name	(Printed or typed)	
9200 South Dadeland Bly	vd, Suite 208 ddress	
Miami, Florida 33156 City, S	State & Zip	·
305-539-0000 Daytime Te	elephone number	
Schifflaw@aol.com E-mail address: (to be used	for future annual report	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 II	PRINCIPAL OFFICE	3 a 111		
	Principal street address	Mailing	address, if different is:	
	3360 West Flagler Street			
.c N	Suite 204 Mami, Florida 33144			
ıy	ilami, Fionua 55 144			
ARTICLE III			· · ·	
The purpose for w	hich the corporation is organized is:		≥ € ₹	
			FIL JUL -3 CRETARY LAHÆSSE	
Any and all lawful business.				
	Any and an lawar baomioss.		SSSS - S	
			AN - C	
			ES PE	
ARTICLE IV	SHADES		e e e e e e e e e e e e e e e e e e e	
	res of stock is: 100)	
ne named of sna	ics of stock is. Too		<i>⊋</i>	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	<u>s</u>		
Name and Ti	tle:Robert D. Inguanzo, Pres/Director	Name and Title:	···	
Address:	8360 West Flagler Street	_ Address:		
	Suite 204			
	Miami, Florida 33144			
Name and Ti	tle:	Name and Title		
Address:				
1144,000.				
	tle:	Name and Title:		
Address:		_ Address:		
ARTICLE VI	REGISTERED AGENT			
	rida street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	Michael Schiffrin	-		
Address:	9200 S. Dadeland Blvd, Suite 208	L		
	Miami, Florida 333156	_		
DAICI E WI	INCORPORATOR			
ARTICLE VII	Iress of the Incorporator is:			
Name:	Robert D. Inguanzo			
Address:	8360 Flagler Street, Suite 204	-		
	Miami, Florida 33144	-		
		-		
	d as registered agent to accept service of process			
his certificate, I an	n familiar with and accept the appointment as reg	istered agent and agree to	• •	
	Meni		/2.1	
	70		4/30/12 Date	
<u></u>	Required Signature/Registered Agent		Date	
submit this docu	ment and affirm that the facts stated herein are	true. I am aware that the	e false information submitted in	
ocument to the De	epartment of State constitutes a third degree felon	as provided for in s.817.1	55, F.S.	
			/	
	Required Signature/Incorporator		4/20/12	