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COVER LETTER

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

SUBJECT: Frachtman Law Group	, P.A.	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation ar	id 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
	ADDITIONAL C	OPY REQUIRED
FROM: Julia Frachtman	e (Printed or typed)	
10580 Plainview Circle		
Boca Raton, FL, 33498	Address State & Zip	
954-290-8804 Daytime T	elephone number	·
Julie.Frachtman@Gmail. E-mail address: (to be used	.COM I 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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

,		DIVISION OF CORPORATIO
The name of the o	Frachtman Law Group, Forporation shall be:	P.A. 12 JUL 19 AM 10: 18
	·	
ARTICLE II	Principal street address	Mailing address, if different is:
	10580 Plainview Circle	Maining address, it different is.
	Boca Raton, FL, 33498	
	Boca Raton, FL, 55496	
ARTICLE III	DIIDDOGE	
	which the corporation is organized is:	
		rganized, which shall continue to be the
	he Corporation until and unless the sar	
purpose or t	f the Acts, are to tender professional so	ervices and engage in any activities which
		rvices and engage in any activities which
tacilitate or p	promote the practice of law.	
ARTICLE IV	SHARES	
The number of sh	ares of stock is: The aggregate number of shares w of which are of a par value of \$0.01	hich the Corporation shall have authority to issue is 1,000, a each, are of the same class and are to be common shares.
	INITIAL OFFICERS AND/OR DIRECTORS	<u>s</u>
		Name and Title:
Address:	10580 Plainview Circle	Address:
	Boca Raton, FL, 33498	
Name and	Title: Joshua Frachtman - Director	Name and Title:
Address:	10580 Plainview Circle	Address:
	Boca Raton, FL, 33498	
Name and	Title:	Name and Title:
Address:		Address:
ARTICLE VI	REGISTERED AGENT	
The name and F	lorida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Gary Kornfield, P.A.	
Address:	4601 Sheriden St. Suite 222	-
	Hallywaad, FL, 33021	•
ARTICLE VII	INCORPORATOR	
	ddress of the Incorporator is:	
Name:	Julia Frachtman	-
Address:	10580 Plainview Circle	_
	Boca Raton, FL, 33498	-
Having been nat	med as registered-agent to accept service of process	for the above stated corporation at the place designated in
this certificate, I	am familiar with and accept the appointment as regi	stered agent and agree to act in this capacity
		July 19, 2012
	Required Signature/Registered Agent	Date
	and all the control to the control t	true I am aware that the false information submitted in a
I Submit this doc	cument and affirm that the facts stated herein are Department of State constitutes a third degree felony	true. I am aware that the false information submitted in a
aocument to the	Department of State constitutes a third degree Jelony	us provincu joi in siot ittos, i isi
·//w	n dia	7114117
- 100	Required Signature/Incorporator	Date
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