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COVER LETTER

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

SUBJECT: U.S. Mysids, Inc.				
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)		
Enclosed are an original and one (1) copy of the art	icles of incorporation an	id a check for:		
\$70.00 Filing Fee Filing Fee	\$78.75 Filing Fee	\$87.50 Filing Fee,		
& Certificate of Status	& Certified Copy	Certified Copy & Certificate of		
	ADDITIONAL C	Status OPY REQUIRED		
FROM: Herbert M. Hickox	e (Printed or typed)	<u> </u>		
	o (minou or typou)			
1702 Shore Drive	Address			
		4.F.	72	Sand ?
St. Augustine, Fl. 3208	86	AH,		į
City,	, State & Zip	SS	Contract Contract	
(904)814-2561		E C		
Daytime 7	Telephone number	1. ST.	X 17 9	
hickox549137@bellsout	h net	LORIDA	9:37	
E-mail address: (to be use	d for future annual report		-	

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 corp	VAME U. S. Mysids, Inc. poration shall be:				
	PRINCIPAL OFFICE Principal street address	Mailing add	Mailing address, if different is:		
	02 Shore Drive Augustine, Fl. 32086				
ARTICLE III P					
	ich the corporation is organized is: selling Mysids.				
Collection and	selling Mysias.				
ARTICLE IV S	SHARES				
The number of shares					
APTICIE V 1	INITIAL OFFICERS AND/OR DIRECT	YNDS			
	e:Herbert M. Hickox, President	Name and Title:	·		
Address:		Address:			
			· · · · · · · · · · · · · · · · · · ·		
	e:	Name and Title:			
Address:					
Name and Titl	e:	Nome and Title:			
Address:	C	Address:			

	REGISTERED AGENT		5		
	da street address (P.O. Box NOT acceptable		F. 12		
Name: Address:	Herbert M. Hickox 1702 Shore Drive				
Address.	St. Augustine, Fl. 32086		20 N		
4 D T 10 T 1	•		SA J		
	INCORPORATOR ess of the Incorporator is:				
Name:	Herbert M. Hickox		AH 9: 3: FLORID		
Address:	1702 Shore Drive		RA .		
	St. Augustine, Fl. 32086		37 DA		
Having been named	l as registered agent to accept service of pro	cess for the above stated corpor	ration at the place designated in		
this certificate, I am	familiar with and accept the appointment as	registered agent and agree to ac			
7/ /	1 M. A.		1 1 -		
/ Verra	M. July Required Signature/Registered Agent		7/25/12		
	Required Signature/Registered Agent		Date		
I submit this docum	ent and affirm that the facts stated herein	are true. I am aware that the fo	alse information submitted in a		
	partment of State constitutes a third degree fe				
A 1	/la / 1 /		1 1		
011 1 1	Required Signature/Incorporator		2/2/12		