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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	
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COVER LETTER

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

SUBJECT: Karina Smuclovisky, P.	.A.	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles 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 C	OPY REQUIRED
FROM: <mark>Karina Smuclovisky</mark> Name	(Printed or typed)	·
3041 NE 39th Street		
A	Address	
Ft. Lauderdale, FL 3330 City,)8 State & Zip	
954-261-5104 Daytime To	elephone number	
ksmuclovisky@gmail.cor E-mail address: (to be used	n 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)

ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	M	failing address, if different is:
3	041 NE 39th Street		
E	t. Lauderdale, FL 33308		
_			
RTICLE III	PURPOSE		差 後
	hich the corporation is organized is:		
aw practice	are corporation to organized to		AUG F
Law practice			ਹਿੱਲ ਜਿ
			37.2
			₩ ₩ 25
RTICLE IV	SHARES		\$ 2
	res of stock is:100		jer √
	INITIAL OFFICERS AND/OR DIRE		
Name and 11 Address:	tle:	Name and Title:_	
Address.			
			
	tle:		
Address:		Address: _	
			
	·		
Name and Ti	tle:	Name and Title:_	
Address:	-	Address: _	
		 -	****
			
RTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT accepta	ble) of the registered agent	t is:
Name:	Karina Smuclovisky, Esq.		
Address:	3041 NE 39th Street		
	Ft. Lauderdale, FL 33308		
RTICLE VII	<u>INCORPORATOR</u>		
	ress of the Incorporator is:		
Name:	Karina Smuclovisky, Esq.		
Address:	3041 NE-39th Street		
	Ft. Lauderdale, FL 33308	·····	
anina kaan nama	of an anxiotomal angular action of	Co- 4b #44	ad comparation at the place degionated is
	d as registered agent to accept service of a s-familiar-with-and_accept the appointment		
is certificate, pain		as registered agent and ag	gree to uct in this capacity
*	ES9		8112119
-	Required Signature/Registered Age	nt	Date
	Transmitted Age		Date
	ment and affirm that the facts stated here		
cument to the De	partment of State constitutes a third degree	e felony as provided for in .	s.817.155, F.S.
1			_, _,
1	Service C.		8/13/12
	Regultred Standtine/Information		' ' lata