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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT M	AIL			
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
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SECRETARY OF STATE
TALLAHASSEE TO LONG

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COVER LETTER

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

SUBJECT:	MJR	IMPIOI	IEMENT CONSTANT	Struction I
	(PRO	POSED CORPOR	ATE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an o	riginal and one	(1) copy of the a	rticles of incorporation ar	nd a check for:
\$70.00 Filing Fee		ate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status COPY REQUIRED
			ADDITIONAL	
FROM: Rolando Hurtado Name (Printed or typed)				
	5518	Boynto	m Gardens	Dr.
			v. State & Zip	
	·		735-8443 Telephone number	
_	E-mail		DA Q YWYOO. (1) sed for future annual repor	

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)

RTICLE II PRINCIPAL OFFICE		
Principal street add	-	Mailing address, if different is:
5518 Bur	ton bardens Dr.	<u> </u>
Bountons	200 FL 33437	
ARTICLE III PURPOSE	•	
The purpose for which the corporation is or	rganized is:	IZI
Home Remodelin	na4 Repairs	AUG CARLI LAHL
	2 '	TILED 22 PM ARY OF NSSEF, F
ARTICLE IV SHARES		
he number of shares of stock is: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		्रे स ज
	AND/OR DIRECTORS	
		and Title:
Address: 5518 Boun	ton Gardens Dr.	ess:
Bounton B	each, FL 33437	
Name and Title:	Name	e and Title:
Address:	Addre	255:
		· · ·
		e and Title:
Address:	Addre	
		
RTICLE VI REGISTERED AGEN	<u>VT</u>	
he name and Florida street address (P.O.	Box NOT acceptable) of the regis	stered agent is:
Name: Holando Address: 5510 BC	synton Gardens T	Y .
Bounton	Beach, FL 3343	57
RTICLE VII INCORPORATOR	·	•
	s: \ \ \ \ \	
he name and address of the Incorporator is	o Hurtudo	~
he name and address of the Incorporator is		
he name and address of the Incorporator is	of Hurtado organion Gardens of Beady, FL 334	137
The name and address of the Incorporator is Name: Address: Address: The name and address of the Incorporator is Rolandor STID TO NAME TO NA	ř	e above stated corporation at the place designated in
The name and address of the Incorporator is Name: Address: Address: The name and address of the Incorporator is Rolandor STID TO NAME TO NA	accept service of process for the	e above stated corporation at the place designated in
The name and address of the Incorporator is Name: Address:	accept service of process for the	e above stated corporation at the place designated in

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.