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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PłCK-UP	☐ WAIT	MÀIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	





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COVER LETTER

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

SUBJECT: TIER 1 Technologies, Inc.				
(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 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: Catherine M. Divingian, P	PhD (Printed or typed)			
2603 NW 13th St. #321				
Gainesville, FL 32609	Address State & Zip	· 		
757-652-9096 Daytime To	elephone number			
cdivingian@tier1techinc. E-mail address: (to be used	COM I for future annual report	t 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	Mailir	ng address, if different is:
_	2603 NW 13th St.		
	321		
G	Sainesville, FL 32609	 .	
ARTICLE III	PITEPOSE		ν ₂ ν ν τ
		,	P70
The purpose	hich the corporation is organized is: for which the corporation is formed for the laws of the United States as	l is to engage in any	or all activities or business
permitted und	der the laws of the United States ar	nd under the laws of	the State of Florida and to
	f the corporate powers provided fo		
exercise air o	The corporate powers provided to	by the laws of the c	3.0.0 0, 1.10. <u>25 1</u>
			••
ARTICLE IV	SHARES		
	res of stock is the aggregate number of shares which the	O	the inner in 40 000 000 shares of Common C
tie nameer or sta	\$0,0001 par value per share.	ne Corporation shall have authority	y to issue is 10,000,000 shales of Common 3
	INITIAL OFFICERS AND/OR DIRECT		
	itle: Catherine M. Divingian, CEO	Name and Title:	
Address:	2603 NW 13th St. #321	Address:	
	Gainesville, FL 32609		
Name and Ti	itle:	Name and Title:	
Address:		Address:	
Audiess.			
	itle:	Name and Title:	
Address:			
			
ARTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Catherine Divingian	· ·	
Address:	2603 NW 13th St. #321		
	Gainesville, FL 32609		
DOTOLE III	INCORPORATOR		
he name and add	Iress of the Incorporator is:		
Name:	•		
Address:	Catherine Divingian	 .	
Address.	2603 NW 13th St. #321 Gainesville, FL 32609		
	Gairlesyme, I L 32009		
laving been nam	ed as registered agent to accept service of pro	cess for the above stated c	orporation at the place designated i
his cerțificate, I ai	m familiar with and accept the appointment as	registered agent and agree	to act in this capacity
1 0	$n \mid 1 \mid$		
	$\cdot \cdot $		August 20, 2012
	Required Signature/Registered Agent		Date
	•		
	ment and affirm that the facts stated herein		
ocument to the D	epartment of State constitutes a third degree fe	lony as provided for in s.81	7.155, F.S.
1 7	2 - 4	•	
un .			August 20, 2012
	Required Signature/Incorporator		