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(Re	questor's Name)		
(Ad	dress)		
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PICK-UP	WAIT	MAIL	
(Bu	siness Entity Name	· •)	
(Do	cument Number)		
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Certified Copies	_ Certificates o	f Status	
Special Instructions to Filing Officer:			
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SECRETARY OF STATE

T. Burch AUG 2 8 2012

COVER LETTER

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

SUBJECT: Advis Global, Inc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status OPY REQUIRED
FROM: William H. Wylie Name	(Printed or typed)	
141 W. Central Avenue,		
Winter Haven, FL 33880) State & Zip	
863-521-2294 Daytime Te	elephone number	
rodwylie@hotmail.com E-mail address: (to be used	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)

**************************************	NAME Advis Global, Inc.		
The name of the cor	poration shall be:		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		ddress, if different is:
	41 W. Cemtral Ave.	P.O. Box 7411	=
Si	uite #2	Winter Haven, I	FL 33883-7411
Y.V	inter Haven, FL 33880		· · · · · · · · · · · · · · · · · · ·
ARTICLE III I	PURPOSE		
	nich the corporation is organized is:		
Wholesale sal	le & distribution of auto & trucks	s parts and other goods as	deemed necessary.
			AUG CAHA
			No.
			FIL 327 ASSI
ARTICLE IV			
The number of share	es of stock is: 10,000		n * ,*
APTICI.E. V	INITIAL OFFICERS AND/OR DIRE	TTOPS	مسور المستري
	le:Geeta Lamba, President		हितार द्वा
Address:	529 South Parsons Avenue		
	Brandon, FL 33511		
Name and Tit	lestadini e e i i tado de e e e e e e e e e e e e e e e e e	Name and Tidle.	
Name and 111 Address:	le: William H Wylie, Secretary/Tre 4258 Stafford Drive	Address:	
Audiess.	Winter Haven, FL 33880	Address.	
	THIRE HAVEIL E SSOOT		
	le:		
Address:			
			
	<u>REGISTERED AGENT</u>		
	ida street address (P.O. Box NOT accept	able) of the registered agent is:	
Name:	William H Wylie		
Address:	4258 Stafford Drive Winter Haven, FL		
	winter naven, FI		
ARTICLE VII	INCORPORATOR		
	ress of the Incorporator is:		
Name:	William H Wylie		
Address:	4258 Stafford Drive		
	Winter Haven, FL 33880	7	
Having been named	d as registered agent to accept service of	process for the above stated corpo	ration at the place designated in
this certificate, I am	fapaliar with and accept the appointmen	t as registered agent and agree to a	ct in this capacity
//	V////		08/24/2012
V	Required Signature/Registered-Age	ent	Date
			C. L tu C
	nent and affirm that the facts stated her		
aocument to the Dep	partment of State Constitutes a third degre	e jewny us providea jor in \$.81 /.13	Jy L'oida
			08/2 <i>8/2</i> 0012
	U De la company	pt	08/24/2012