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(Requestor's Name)				
(Ac	(Address)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
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Special Instructions to	Filing Officer:			
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Office Use Only



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FILED

12 OCT -1 PM 2:31

SECRETARY OF STATE

1/4

COVER LETTER

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

SUBJECT: Digital Guardhouse Corporation				
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LÜDE 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		
	ADDITIONAL C	OPY REQUIRED		
FROM: Joel Spiegelman	(Printed or typed)			
13155 SW 134 Street - #121 Address				
Miami, FL 33186	State & Zip			
954.629.7144 Daytime Te	elephone number			
columbia.associates@yn E-mail address: (10 be used	nail.com 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 I No.	IAME oration shall be:	oration	FILED
ARTICLE II P	RINCIPAL OFFICE		12 OCT -1 PM 2:31
	Principal street address		Mailing address, if different is:
<u>13</u>	155 SW 134 St. #121	-	SECRETARY OF STATE
Mia	ami, FL 33186		TALLAHASSEE PLONE
ARTICLE III PI	URPOSE		#
	ch the corporation is organized is:		
to engage in ar	ny lawful action or activity for which a	corporation	may be organized under the
General Corpo	ration Law of Florida other than the b	anking busi	ness, the trust business, or the
practice of a pr	ofession permitted to be incorporate	d by the Flor	rida Corporation Code.
	·	-	·
		•	
ARTICLE IV S	HARES		
The number of shares	of stock is: 5,000,000		
ADDIOLD II I		•	
	NITIAL OFFICERS AND/OR DIRECTORS ::Amit Mauskar. President		Lock Spiegolman, Evacutive VD
Address:	13155 SW 134 St. #121	Address:	Joel Spiegelman, Executive VP 13155 SW 134 St. #121
Address,	Miami, FL 33186	Address.	Miami, FL 33186
	INIGHH, LL DOLLOW		<u></u>
	× <u></u>		: <u> </u>
Address:		Address:	
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Name and Title	::	Name and Title	: <u> </u>
Address:		Address:	
ARTICLE VI R	EGISTERED AGENT		
	la street address (P.O. Box NOT acceptable) of t	he registered age	nt is:
Name:	Amit Mauskar		
Address:	13155 SW 134 St. # 121		
	Miami, FL 33186		
ARTICLE VII II	MCOPPORATOR		
	NCORPORATOR ss of the Incorporator is:		
Name:	Joel Spiegelman		
Address:	13155 SW 134 Street #121		
	Miami, FL 33186		
17		C 4t t 4	and a second second describes a destruction of the
	as registered agent to accept service of process , familiar with and accept the appointment as regis		
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120	21.1		9/7/2012
(M)	Required Signature/Registered Agent		Date
	required Signature/registered Agent		Date
submit this docume	ent and affirm that the facts stated herein are t	rue. I am aware	that the false information submitted in a
	extraent of State constitutes a third degree felony		
\mathcal{M}_{Λ}		•	
/ / //// / /	\		Sept. 7, 2012
	Required Sgnature/Incorporator		Date