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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

192-621-619

W12000063306

192-619

W13000002379



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12/21/12--01028--007 **128.75

13 JAN 25 PM 4:10

FILED
SEC. OF STATE
DIV. OF CORPORATIONS

gr 1/28/13

COVER LETTER

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

SUBJECT: MYSTE RIVER ENTERPRISES, INC

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status \$ 8.75

ALBERT R. COHEN CPA

Name (printed or typed)

11420 N. KENOALL DR. STE. 203

Address

MIAMI FL 33176

City, State & Zip

305-271-3666 EXT. 229

Daytime Telephone Number

GOLF4FOOD@AOL.COM

E-mail address: (to be used for future annual report notification)

13 JAN 25 PM 4:10

FILE
DIVISION OF CORPORATIONS



RECEIVED

13 JAN 25 AM 11:37

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2013

HERBERT R. COHEN CPA
420 N. KENDALL DRIVE
SUITE 203
MIAMI, FL 33176

SUBJECT: MYSTE RIVER ENTERPRISE INC
Ref. Number: W13000002379

We have received your document for MYSTE RIVER ENTERPRISE INC and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name listed on number 4 of the Certificate of Domestication page must be identical to the name listed in Article I on the Articles of Incorporation page.

Please list the street address of each officer/director.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 613A00000915

See attached

13 JAN 25 PM 4:10
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DIVISION OF CORPORATIONS



RECEIVED

13 JAN 10 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 26, 2012

ALBERT R. COHEN, CPA
11420 NIKENOALL DRIVE
SUITE 203
MIAMI, FL 33176

SUBJECT: MYSTE RIVER ENTERPRISE INC
Ref. Number: W12000063306

We have received your document for MYSTE RIVER ENTERPRISE INC and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed on number 4 of the Certificate of Domestication page must be identical to the name in Article I.

Please list the street address of each officer/director.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 112A00030290

13 JAN 25 PM 4:10
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CERTIFICATE OF DOMESTICATION

The undersigned, GARY ROMANO, PRESIDENT,
(Name) (Title)

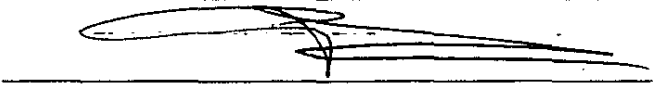
of MYSTE RIVER ENTERPRISE, INC a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was JANUARY 08, 2008.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was STATE OF NEW YORK.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was MYSTE RIVER ENTERPRISES, INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is MYSTE RIVER ENTERPRISE, INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was STATE OF NEW YORK.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am GARY ROMANO, of MYSTE RIVER ENTERPRISE, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 17 day of DECEMBER, 12.


(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Mystic River Enterprise Inc

13 JAN 25 PM 4:10

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

11420 N. KENDALL DR. STE. 203
MIAMI, FL. 33176

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

PRODUCTION

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

1000

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

GARY ROMANO, PRESIDENT
11420 N. KENDALL DR. #203
MIAMI, FL 33176

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

ALBERT R. COHEN CPA
90 WALDO AND COHEN, P.A.
11420 N. KENDALL DR. STE. 203
MIAMI, FL. 33176

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:—

GARY ROMANO
11420 N. KENDALL DR #203
MIAMI, FL 33176

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Signature/Registered Agent

Date

12/17/12

Signature/Incorporator

Date

12/17/12