

P13000009957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

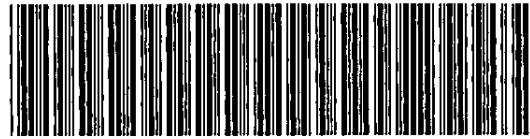
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 JAN 30 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
1/31/13

COVER LETTER

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

SUBJECT: MUSTAFFA INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: RUBEN ALTAMIRANO OSCCO
Name (Printed or typed)

13141 SW 9 PLACE
Address

DAVIE, FL 33325
City, State & Zip

954 306 3477
Daytime Telephone number

RECEPTIONIST@ALLFENCINGANDREPAIR.COM
E-mail address: (to be used 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 NAME

The name of the corporation shall be: MUSTAFFA Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

13141 SW 9 PL

DAVIE FL 33325

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Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Welding

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ruben Altamirano / Pres. Name and Title: _____

Address 13141 SW 9 PL Address: _____

DAVIE FL 33325 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Ruben ALTAMIRANO OSCCO

Address: 13141 SW 9 PL

DAVIE FL 33325

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ruben ALTAMIRANO OSCCO

Address: 13141 SW 9 PL

DAVIE FL 33325

Having been named as registered agent 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

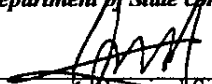


Required Signature/Registered Agent

1/22/2013

Date

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.



Required Signature/Incorporator

1/22/2013

Date