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Special Instructions to	Filing Officer:	
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Office Use Only



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# COVER LETTER

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

SUBJECT: M.I.	S.T.S In Cor (PROPOSED CORPOR)	porated	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED

FROM	SUZANN E. NICHOLSON
, icom	Name (Printed or typed)
	1075 NW 148 STREET
	Address
	MIAMI, FLORIDA 33168
	City, State & Zip
	786-241-3393
	Daytime Telephone number

MISTS@HOTMAIL.COM OR SUZANNN69@GMAIL.COM

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

NOTE: Please provide the original and one copy of the articles.

### CELLINEON THOUT

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 26, 2013

SUZANNE E. NICHOLSON 1075 NW 148 STREET MIAMI, FL 33168

SUBJECT: M.I.S.T.S. INCORPORATION

Ref. Number: W13000017560

We have received your document for M.I.S.T.S. INCORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 313A00007095

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	ME ntion shall be: M.I.S. T.S	V	
TICLE II PR	(NCIPAL OFFICE Principal street address		Mailing address, if different is;
75 NW 148		SAM	E AS PRINCIPAL OFFICE
IAMI, FL 33	168		
TICLE III PUR	POSE TUIS O		TION COLE DUDDOGE
	he corporation is organized is: THIS O		
	ATE A LEGAL BUSINESS		
SIAIELA	WS AND REGULATIONS	BA OFFE	RING CONSULTATION
			98 8
	RES STOCK IS: 100 SIAL OFFICERS AND/OR DIRECTORS SUZANN E. NICHOLSON 1075 NW 148 STREET MIAMI, FL 33168	S  Name and Title  Address:	SHAMEKA-ANN NICHOLSON 1075 NW 148 STREET MIAMI, FL 33168
TICLE V INT	SUZANN E. NICHOLSON 1075 NW 148 STREET MIAMI, FL 33168  JAHWAN M. NICHOLSON	Name and Title	SHAMEKA-ANN NICHOLSON  1075 NW 148 STREET  MIAMI, FL 33168
Name and Title Address  Name and Title: Address	SUZANN E. NICHOLSON 1075 NW 148 STREET MIAMI, FL 33168  JAHWAN M. NICHOLSON 1075 NW 148 STREET	Name and Title Address:  Name and Title Address:	SHAMEKA-ANN NICHOLSON 1075 NW 148 STREET MIAMI, FL 33168  TORY J. WILLIAMS Jr. 1075 NW 148 STREET MIAMI, FL 33168

CARLLING	<del>&gt;4.8</del> € <del>&gt;&lt;=</del>	- <del>2503</del> -286

(conti)

Name and Tit	lle:	Name and Title:
Address		Address:
		~ a
ARTICLE VI RE	GISTERED AGENT	2 3 n
The name and Florid	a street address (P.O. Box NOT acceptable) of	the registered agent is:
Name: S	UZANN E. NICHOLSON	कुंद्र ज त
Address: 1	075 NW 148 STREET	लिंद है दे
<u>.</u>	11AMI, FL 33168	To the second se
		100 m
ARTICLE VII IN	CORPORATOR	*
The name and address	s of the Incorporator is:	
Name:	SUZANN E. NICHOLSON	
Address:	1075 NW 148 STREET	
	MIAMI, FL 33168	
this certificate, I am for	Required Signature/Registered Agent	rue. I am aware that the false information submitted in a