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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
SECRETARY OF STATE

FEB - 7 2014 J. BRYAN

COVER LETTER

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



SUBJECT: _	SUPREME	MARKETING D CORPORATE NAME - MUST	SOLUTIONS	INC.
	(PROPOSE)	D CORPORATE NAME – <u>MUS</u> T	I INCLUDE SUFFIX)	, • • •

\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
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Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

FROM: _	SPENCER COHEN
	Name (Printed or typed)
	SUITE
	660 LINTON BLUD #203G
	Address
	Dun
	DELRAY BEACH, FL, 33444 City, State & Zip
	City, State & Zip
	(54) 270 0152
	(561) 379 - 9152
	Daytime Telephone number

SUPREME MARKETINGSOLUTIONSING @ GMAIL. COM E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2014

STEPHEN COHEN 660 LINTON BLVD, SUITE 203 G DELRAY BEACH, FL 33444

SUBJECT: SUPREME MARKETING SOLUTIONS, INC.

Ref. Number: W14000006999

We have received your document for SUPREME MARKETING SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 114A00002398

See To Branch Control of the Control

www.sunbiz.org

Division of Comparations D.O. POV 6997 Tollahormon Florida 39314

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

TICLE II	PRINCIPAL OFFICE Principal street address	Ŋ	Mailing address, if different is:
660 Lu	NTON BLUD		5
SUITE	_		
	BEACH, FL, 33444		
	TRACE		
purpose for whi	ch the corporation is organized is: PUG	RLISHING,	ADVERTISING
ND MA	PEKETING COMPAN	y	
		· · · · · · · · · · · · · · · · · · ·	
			TASEC *
			76
			(5.3)
			
			47
			£1.73
	SHARES s of stock is:		£ ' ' ' ' ' ' ' ' ' ' '
	SHARES s of stock is:		£ ! / };,,,
number of share	s of stock is: NITIAL OFFICERS AND/OR DIRECT		£ ! / },
number of share	s of stock is: MITIAL OFFICERS AND/OR DIRECT Fitle: SPENCER COHEN/PRESIDE	ENTName and Title:	£
number of share	s of stock is: NITIAL OFFICERS AND/OR DIRECT	ENTName and Title:	*1.//
number of share TICLE V I	s of stock is: MITIAL OFFICERS AND/OR DIRECT Fitle: SPENCER COHEN/PRESIDE	ENTName and Title:	**************************************
number of share TICLE V I	S OF Stock is: NITIAL OFFICERS AND/OR DIRECT Fitle: SPENCER COHEN/PRESIDE 444 W PALMETTO	Address:	
TICLE V I Name and Address	SOF STOCK IS: MITIAL OFFICERS AND/OR DIRECT FILLE: SPENCER COHEN/PRESIDE 444 W PALMETTO HAIOS BOCA RATON, FL 33	Address: Address:	
TICLE V I Name and Address	S OF Stock is: INITIAL OFFICERS AND/OR DIRECT Fitle: SPENCER COHEN/PRESIDE 444 W PALMETTO HAIO3	Address: Address:	
TICLE V I Name and Address	SOF STOCK IS: MITIAL OFFICERS AND/OR DIRECT FILLE: SPENCER COHEN/PRESIDE 444 W PALMETTO HAIOS BOCA RATON, FL 33	Address: Address: Name and Title:	
TICLE V I Name and Address Name and T	SOF STOCK IS: MITIAL OFFICERS AND/OR DIRECT Fitle: SPENCER COHEN/PRESIDE 444 W PALMETTO HAIOS BOCA RATON, FL 33	Address: Name and Title: Address: Address: Address:	
TICLE V I Name and Address Name and T	SOF STOCK IS: MITIAL OFFICERS AND/OR DIRECT FITHE: SPENCER COHEN/PRESIDE 444 W PALMETTO HAIOS BOCA RATON, FL 33	Address: Name and Title: Address: Address: Address:	
TICLE V I Name and T Address Name and T Address	SOF STOCK IS: MITIAL OFFICERS AND/OR DIRECT TITLE: SPENCER COHEN/PRESIDE HAY W PALMETTO HAIOS BOCK RATON, FL 33 itle:	Address: Address: Name and Title: Address:	
TICLE V I Name and T Address Name and T Address	SOF STOCK IS: MITIAL OFFICERS AND/OR DIRECT FITHE: SPENCER COHEN/PRESIDE 444 W PALMETTO HAIOS BOCA RATON, FL 33	Address: Address: Name and Title: Address:	

Name and	Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT	· · · · · · · · · · · · · · · · · · ·	į,
The <u>name and Fl</u>	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	, Links
Name:	SPENCER COHEN		
Address:	444 W PALMETTO	PARK #A103	١.
	BOCH RATON, FL 3343	52.	;
	,		30
ARTICLE VII	INCORPORATOR	Dr.	
The name and ad	dress of the Incorporator is:		
Name:	SPENCER COHEN		
Address:	444 W PALMETTO PA	12× #A103	
	BOCA RATON, FL 33	3432	
Having been nam this certificate, I a	ed as registered agent to accept service of process ; m familiar with and accept the appointment as regi	for the above stated corporation at the place designated in istered agent and agree to act in this capacity	
		1/20/14	
-8h-	Required Signature/Registered Agent	1/20/14 Date	
		true. I am aware that the false information submitted in a	
		10 - 14	
	Required Signature/Incorporator		