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COVER LETTER

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

SUBJECT: EMPTRE ADVI	ERTI SING TENAME-MUST INCLUI	CONSULTANTS, INC.			
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COP	Certified Copy & Certificate of Status			
FROM: ROBERTO					
12717 W SUNR	ISE BLUD, ddress				
SUNRISE FL City, S	33323 State & Zip				
Daytime Te	lephone number				

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

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

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

	Principal stree	et address	-1		Mailing address, i	- r	-
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SUNRISE	, FL 33	323					3
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ARTICLE III	PURPOSE nich the corporation	is organized is:	ANY A	ALL ALL	LAWFUL	SE 5	<u>ب</u> کا بین 13 کا پیکا
the purpose for wi	nen me corporation	i is organized is	77.	· · · · · · · · · · · · · · · · · · ·		Dm D	
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The number of shar	es of stock is:						
The number of shar	es of stock is:	ERS AND/OR L			C 0 .= a	2 a l - C l	1 1.110-7
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The number of shar ARTICLE V Name and	es of stock is:	ers and/or d Conzalez	PRES	Name and Titl	le: <u>CRISTOR</u> 12717 V		
The number of shar ARTICLE V Name and	INITIAL OFFICE Title: ADAN	ERS AND/OR I CONZALEZ SUNRISE B	PRES	Name and Titl	12717 V STE 191	v 50N1	R <u>ist</u> B
The number of shar ARTICLE V Name and	INITIAL OFFICE Title: ADAN 12717 W. STE	ERS AND/OR I CONZALEZ SUNRISE B	, PRES LvD.	Name and Titl	12717 V STE 191	v 50N1	R <u>ist</u> B
The number of shar ARTICLE V Name and Address	INITIAL OFFICE Title: ADAN 12717 W. STE 5UNRIS	ERS AND/OR E CONZALEZ SUNRISE B 196 (E, FL 33	, PRES LVD. 3323	Name and Tith Address:	12717 V STE 191 SUNFISI	v 5.N. 6 E, FL	3332
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ARTICLE V Name and Address Name and Address	INITIAL OFFICE Title: ADAN 12717 W. STE SUNRIS Title: ROBERT 12717 V STE	ERS AND/OR E GONZALEZ SUNRISE B 196 SE, FL 33 O BIANCE V SUNRISE 96 SE, FL 3	, PRES LVD. 3323 HI, SEC E BIVD 33323	Name and Title Address: Name and Title Address:	12717 V STE 191 SUNRISI	V 5.N.	3332

Name and	Title: Name and Title:
Address	Address:
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of the registered agent is:
	ROBERTO BIANCHI
Name: Address:	12717 W SUNRISE DIUD 196
	SUMPISE, FL 33323
ARTICLE VII	INCORPORATOR
The name and ad	dress of the Incorporator is:
Name:	ADAM GONZALEZ
Address:	12717 W SUNRISE BLUD STE 196
	SUPRISE, FL 33323
this certificate, I a	ed as registered agent to accept service of process for the above stated corporation at the place designated in m familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent Date
I submit this doct document to the L	ment and affirm that the facts stated herein are true. I am aware that the false information submitted in a department of State constitutes a third degree felony as provided for in s. 817.155, F.S. Regaired Signature/Incorporator