4500054929

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
·					



400271960504

RECEIVED 198 2 8 2015

04/21/15--01007--004 **70.00

15 JUN 26 PH 12: 21

Office Use Only

1115-28982 MD 6/29

COVER LETTER

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

Be	etterUStore Inc.				
SUBJECT:	(PROPOSED CORPO	RATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the	articles of incorporation and	d a check for:		
■ \$70.9 Filing F		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
SD O. A	David Monduy	<u> </u>			
FROM	Name (Printed or typed) 705 SE 10th PL				
	Address				
	Hialeah FL 33010	ty, State & Zip			
	305-609-7139	ry, state & Zip			
	Daytime Telephone number				
	betterustore@gmail.com				
	E-mail address: (to be u	ised for future annual report	notification)		

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



April 24, 2015

DAVID MONDUY 705 SE 10TH PL HIALEAH, FL 33010

SUBJECT: BETTERUSTORE INC. Ref. Number: W15000028982

We have received your document for BETTERUSTORE 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.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

The registered agent must sign accepting the designation.

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.

Letter Number: 515A00008389

Maryanne Dickey Regulatory Specialist II New Filing Section

www.sunbiz.org

ARTICLES OF INCORPORATION

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

	NCIPAL OFFICE Principal street address	N	Mailing address, if different is:			
SE 10th PL)) _ x	<u> </u>	
aleah FL 33010				£7.	\equiv	•
				0.3 .3.	25	• ,
		 	·			· · · · · ·
CLE III PUR	POSE Online sa	les		20	P# 12	Surfation a
irpose for which	ine corporation is organized is.			37	2	
,		······································				
						•
mber of shares of	ARES stock is: /oo					
mber of shares of	stock is: /O O TIAL.OFFICERS AND/OR DIRECTOR David Monduy		Pres	· De'M	7-	
mber of shares of CLE V INI Name and Titl	stock is: /O O TIAL.OFFICERS AND/OR DIRECTOR David Monduy	_ Name and Title:	Pres	· De'N	7-	
mber of shares of	rial.officers and/or director David Monduy		Pres	· De'N	7	
mber of shares of CLE V INI Name and Titl	David Monduy 705 SE 10th PL	_ Name and Title:	Pres	De'N	- 	
mber of shares of CLE V INI Name and Titl Address	TIAL.OFFICERS AND/OR DIRECTOR David Monduy 705 SE 10th PL Hialeah FL 33010	_ Name and Title: Address:				tno
mber of shares of CLE V INI Name and Titl Address	TIAL.OFFICERS AND/OR DIRECTOR David Monduy 705 SE 10th PL Hialeah FL 33010	_ Name and Title: Address:				tre
mber of shares of CLE V INI Name and Titl Address	TIAL.OFFICERS AND/OR DIRECTOR David Monduy 705 SE 10th PL Hialeah FL 33010	_ Name and Title: Address:				tro
mber of shares of CLE V INI Name and Titl Address	David Monduy 705 SE 10th PL	_ Name and Title: Address:				tro
mber of shares of CLE V INI Name and Titl Address	TIAL.OFFICERS AND/OR DIRECTOR David Monduy 705 SE 10th PL Hialeah FL 33010	_ Name and Title: Address:				tre
CLE V INT Name and Titl Address Name and Title Address	TIAL.OFFICERS AND/OR DIRECTOR David Monduy 705 SE 10th PL Hialeah FL 33010 705 SE 10 HD PL Araleah, Fe. 3301	Name and Title: Address: Name and Title: Address: Address:	Secn	e TTAN	y- /-	<u>-</u>
CLE V INT Name and Titl Address Name and Title Address	TIAL.OFFICERS AND/OR DIRECTOR David Monduy 705 SE 10th PL Hialeah FL 33010	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	Secn	e TTAN	y	

Name and	Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT rida street address (P.O. Box NOT acceptab Delsa Jamon 705 SE 10th Pl Arlech FL 33010	<u> </u>	15 JUN 26 PH 12: 21
	INCORPORATOR Iress of the Incorporator is: David Monduy		
Address:	705 SE 10th PL Hialeah FL 33010		
Having been name this certificate, I an	ed as registered agent to accept service of pro in familiar with and accept the appointment a	s registered agent and agree to ac	tion at the place designated in in this capacity
I submit this docu document to the Do	Required Signature/Registered Agent ment and affirm that the facts stated herein epartment of State constitutes a third degree f	aré true. I am aware that the fal	, F.S.
	Required Signature/Incorporator		4/15/15 Date