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(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
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: Cez	AR UNDARGROUND	Commun KAT 1004 TE NAME – <u>MUST INCL</u>	s, Inc.
	(PROPOS O D CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
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	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	1	ADDITIONAL CO	PY REQUIRED
from: <u>C</u>	ezar Undergramo Nam		nows Juc.
	812 N. C.	Address	
	Lake Worth, 7	(. 33460 State & Zip	
	561.396.5 Daytime T	Squq Telephone number	
	E-mail address: (to be use	d 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)

Principal street address BIZ N C STREET Lake Work F1. 33440 Mailing address, if different is: SAME Lake Work F1. 33440 MICLE III PURPOSE PURPOSE STREET Market STATE PURPOSE STATE MARKET STATE MICLE IV SHARES Umber of shares of stock is: 100	ame of the corpo	ration shall be: Cezar Under	Jeonno (Count	JUIC ATTIO	ws ,	-
TCLE III PURPOSE Durpose for which the corporation is organized is: ANY PARTS ANY PARTS DIFFERENT SHARES BUTCLE IV SHARES BUTCLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Wilfero Roneus Pres. Name and Title: Address Address Name and Title:	TICLE II PR			Mai	iling address,	if differe	ent is:
TCLE III PURPOSE Purpose for which the corporation is organized is: ANY PARTS AND LANCE SUBJECT OF THE STATE SUBJ	BIZ N' C	STREET		50	ME		
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Name and Title:						نيا	7
Name and Title: Wilfaco Roneus Pres: Name and Title: Address 812 N C Street Address: Loke World F1 33440 Name and Title: Name and Title: Address: Address Address:			,1-,1-,			FLOR	F,STAI
Address Lake Work F1 33400 Name and Title: Address: Name and Title: Name and Title: Name and Title: Name and Title:	umber of shares o	of stock is: 100	RS			FLORIBA	PM 4: NO
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Address: Name and Title: Name and Title:	Name and Tit	of stock is: 100 HITIAL OFFICERS AND/OR DIRECTOR He: Wilfard Romeus Pres.	_ Name and `	Title:		ACIEC	4: N9 IATE
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	Name and Titl Address Name and Titl Address	of stock is: 100 ITIAL OFFICERS AND/OR DIRECTOR Ile: Wilfard Romeus Pres. 812 N C Street Lake Wolf F1 33440 e:	Name and 7 Address: Name and 7 Address: Address: Name and 7	Title:		ORIDA ACINO	\$TATE

Name an	d Title:	Name and Title:	
Address		Address:	
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ARTICLE VI	REGISTERED AGENT	ad to t	
The <u>name and Fl</u>	orida street address (P.O. Box NOT acceptable)		
Name:	Wilfrio Romeus		产 至 5
Address:	812 NC Street	- 	
	Loke Worth Fl. 33460		Sold Superior Superio
ARTICLE VII	INCORPORATOR		
The name and ad	Idress of the Incorporator is:		ORIDA ORIDA
Name:	Wilfein Roncus	_	
Address:	812 N. C Street		
	Lake Work Fl. 3341	<u> </u>	
Having been name	ed as registered agent to accept service of proces	s for the above stated corporatio	on at the place designated in
this certificate, I at	maniliar with and accept the appointment as re	gistered agent and agree to act i	n this capacity
	Mu.		09 02-701-
<u> </u>	Required Signature/Registered Agent		09 - 03-2015 Date
I submit this document to the Pe	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felor	true. I am aware that the false	information submitted in a
Bu X	J _		
1 00	Required Signature/Incorporator	<i>O</i> 1	7 <u>-03 - 2015</u>
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