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COVER LETTER

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

Insomnolence Gaming Generation Inc.

SUBJECT:	(PROPOSED COR	PORATE NAME – <u>MUST INC</u>	LUDE SUFFIX)		
Enclosed are an	n original and one (1) copy of t	he articles of incorporation a	nd a check for:		
☐ \$70. Filing F	•		■ \$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED		
FROM	Adika Smith				
	Name (Printed or typed) 2941 SW 3rd Street				
	Fort Lauderdale Florida, 33312	Address			
	City, State & Zip				
	7062371974				
	Daytime Telephone number				
	adikasmith@gmail.com				
	F-mail address: (to)	se used 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)

The name of the corporat			, <u>, , , , , , , , , , , , , , , , , , </u>
<u>ARTICLE II PRINC</u>	Principal street address	Mailing add	ress, if different is:
2941 SW 3rd Street			
Fort Lauderdale Florida			
ARTICLE III PURPO The purpose for which the	OSE Mobile he corporation is organized is:	Application Development	
			والميد
	ES stock is: L OFFICERS AND/OR DIRECTORS		29 All 8:07
	Adika Smith, CEO		
Address	2941 SW 3rd Street		
	Fort Lauderdale Florida 33312		
N. Amid			
Address			
radicas			
Name and Title:			
Address			

Name a	nd Title:	Name and Title:	
Address		Address:	
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT accep	otable) of the registered agent is:	
Name:	Adika Smith		
Address:	2941 SW 3rd Street	_	
	Fort Lauderdale Florida 33312	·	
<u>ARTICLE VII</u>	INCORPORATOR		178 DEC F
The <u>name and a</u>	ddress of the Incorporator is:		3
Name:	Adika Smith		The second secon
Address:	2941 SW 3rd Street		- <u>-</u>
	Fort Lauderdale FL 33312		7
Effective date, if (If an effective days after the fine) Note: If the date	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and iling.) e inserted in this block does not meet the apperfective date on the Department of State's r	plicable statutory filing requiremen	ness days prior or 90 business
Having been na	med as registered agent to accept service of am familiar with and accept the appointme	fpro <u>cess</u> for the above stated corp	oration at the place designated in act in this capacity
Adika Smith			12/15/2015
	Required Signature/Registered Ag cument and affirm that the facts stated her Department of State constitutes a third degr	HDTKA SMITH rein are true. I am aware that the	
Adika Sn			12/15/2015
Requ	ired Signature/Incorporator ADIKA	SMITH	Date