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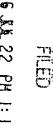
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## **COVER LETTER**

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

SUBJECT:	FOR FIZURE CYC	entive Ague TENAME-MUSTIMOLI	ncy Inc		
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	a check for:	ļ.	
☐ \$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		
		ADDITIONAL CO	PY REQUIRED		
FROM:		OSTEY (Printed or typed)	<b>74</b> <b>74</b> <b>74</b>		
	150 Fox Squ Orange Purk	nrei Dr Address Fl 32073		22 PH	
_	904 - 434 -		Part of the second seco	1:19	-
	۸ ۸	ude Cruntive Og ed for future annual report	mul-lom 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)

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RTICLE III PURP ne purpose for which		is organized is: _		ric Ru	Lations	\$	
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Name and Title:	Name and Title:	····
Address	Address:	SECRETARY OF STATE TALLAMASSEE FLOATDA
The name and Florida street address (P.O. Box I	NOT acceptable) of the registered agent is	
Name: Brenda Nos	vey	
	gunrel Di	
Grange pmk	FL 32073	·
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:	,	
Name: Brenela N	Novey	
Address: 3150 Fox Orange Pr	Mossey Squirel by Mk, FL 32073	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:  If an effective date is listed, the date must be s days after the filing.)		
Note: If the date inserted in this block does not me the document's effective date on the Department of		ments, this date will not be listed as
Having been named as registered agent to accept this certificate, I am familiar with and accept the	applintment as registered agent and agre	e to act in this capacity
	·	07 22/16
Required Signature/Req	gistered Agent	Date
I submit this document and affirm that the facts document to the Department of State constitutes a		
I mote L	-	04/22/16
Required Signature/Incorporator		Date