(Re	questor's Name	)		
(Address)				
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	es of Status		
Special Instructions to Filing Officer:				
4				

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## **COVER LETTER**

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

SUBJECT:	DUST J S (PROPOSED CORPORA	HAC FAL ATENAME- <u>MUSTINCL</u>	DE SUFFIX)
Enclosed are amorig	inal and one (1) copy of the art	ticles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	_ & Certificate of
		ADDITIONAL CO	Status PY REQUIRED
FROM:	Jose Merde	2 e (Printed or typed)	
	1201 morreu	Address	
	Parama Cet	ty Fl 3240 Shirete Zip	05
	Daytime Daytime	1054G Telephone number	
<u>·</u>	Inercles	1378@amaj	L Com

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

## ARTICLES OF INCORPORATION

In compliance with C	•			4章 - M
e name of the corporation shall be:	UST 2 5	shine -	IUC .	
Principal street address			ddress, if differ	ent is:
1201 Cornell Or PC. FI	<u> </u>			
RTICLE III PURPOSE The purpose for which the corporation is organized	is: <u>Naming</u>	Resident	ial, Co	P. Construc
RTICLE IV SHARES ne number of shares of stock is: \(\sum_{\circ}\)				
ne number of shares of stock is:	President Address			reiw o
Name and Title: 1050 Herdle2.  Address  PO NORTH AND A HERDLES.	president Address	ss:	01 CO	1005 32405
Name and Title:	President Address  DY  405  Name	and Title:	01 CO	1005 32405
Name and Title: TOSE HENDLES  Address  PORTICLE V INITIAL OFFICERS AND/OR DI  Name and Title: TOSE HENDLES  Address  PORTICLE V INITIAL OFFICERS AND/OR DI  A. D.	President Address  DY  405  Name	and Title:	01 CO C, PI	1005 32405
Name and Title:  Name and Title:  Address  Name and Title:  Address  Name and Title:  Address	DY  Name  Addres  Name  Addres  Addres  Addres	and Title:	01 CO	100 D(
Name and Title:	Name    Name     Name     Name     Name     Address   Name     Address   Name     Name     Name	and Title:	01 CO C, PI	100 D(
Name and Title:  Name and Title:  Address  Name and Title:  Address  Name and Title:  Address	Name    Name     Name     Name     Name     Address   Name     Address   Name     Name     Name	and Title:	01 CO C, PI	100 D(

Name and Title:	Name and Title:
Address	Address:
<del></del>	
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable)	ole) of the registered agent is:
Name: JOSE Mercle ?	<u>—</u>
Address: 1201 consum CY	
PC P7 33405	
ARTICLE VII INCORPORATOR	e e e e e e e e e e e e e e e e e e e
The <u>name and address</u> of the Incorporator is:	· ·
Name:	
Address: $1001000000000000000000000000000000000$	<del></del>
10,10,000	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	(OPTIONAL)
(If an effective date is listed, the date must be specific and c	cannot be more than five days prior or 90 days after the
filing.)	ankla statutary filing requirements, this data will not be listed as
the document's effective date on the Department of State's reco	cable statutory filing requirements, this date will not be listed as ords.
Having been named as registered agent to accept service of pr	rocess for the above stated corporation at the place designated in
this certificate, I am familiar with and accept the appointment	as registered agent and agree to act in this capacity
Required Signature/Registered Agen	
	n are true. I am aware that the false information submitted in a $\cdots$ ,
document to the Department of State constitutes a third degree	
Required Signature/Incorporator	<u></u>