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## **COVER LETTER**

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

SUBJECT:	HIBOMINI ING	•	
	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti-	cles of incorporation ar	nd 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 o Status OPY REQUIRED
FROM:	DAN Name	ASHER (Printed or typed)	
	8407	177 MILL	WAY
	JALLAH City.	ASSCE FC State & Zip	, 32312
		766-6073	
	E-mail address: (to be used		
	E-mail address: (to be used	Hor future a <b>nn</b> ual report	inotification)

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)

on shall be: AIROMI	NI INC.	
rincipal street address	<del>-</del>	address, if different is:
SE corporation is organized is:	BUSINESS	
OCK IS: 100 SA OFFICERS AND/OR DIRECT DAN ASHGE P 8407 104 MIC	TORS  RESIDENT Name and Title:  L WAY Address:	2019 FEB 11 AH 4: 20  STOWNASSE TOWN
	Address:	
	Address:	· · · · · · · · · · · · · · · · · · ·
	PALOFFICE rincipal street address MILL WAY  SEE F. 32312  SEE corporation is organized is:  OFFICERS AND/OR DIRECT  DAN ASHGR P  SUGJ JUY MIC  TALLAHASS GC.,	See Fl 32312  See Fl 32312  See Fl 32312  Sock is:   DO Shares  OFFICERS AND/OR DIRECTORS  DAN ASHCR PRESIDENT Name and Title:  SUGA ! UY MILL WAY Address:  TALLAHASS CC., FL 32312  Name and Title:  Address:

Address		Address:	<del> </del>		
	STEREDAGENT  STERE	- W44	270 <b>2</b> 3		
ARTICLE VII INCO	RPORATOR				
The name and address	of the Incorporator is:		FIL ASS		
Name:	DAN MSHER	_	期; 图: 图		
Address:	8407 1.4 MILL	WAY			
-	TALLA HASSER, PL	2 3/3/2	4:20		
ARTICLE VIII EFF Effective date, if other (If an effective date is filing.)	ECTIVE DATE: than the date of filing: MONDAY Filisted, the date must be specific and cannot	FB: 11 2019 OPTIONAL) of be more than five days prior or 9	90 days after the		
	ted in this block does not meet the applicable te date on the Department of State's records.	statutory filing requirements, this da	ate will not be listed as		
	registered agent to accept service of process miliar with and accept the appointment as re				
			2.11-19		
	Required Signature/Registered Agent		Date		
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of States constitutes a third degree felony as provided for in s.817,155, F.S.					
~			2-11-19		
Required S	gnature/Incorporator		Date		

Name and Title: Name and Title: