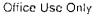
				
(Requestor's Name)				
(Ac	(dress			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	: #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	ocument Number)	···		
Certified Copies	_ Certificates	of Status		
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Special Instructions to	Filing Officer:			
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Mynt 1103 Corp.			
			
		<u> </u>	
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
J			Vehicle Search
			Driving Record
Requested by: SETH	07/27/20		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
			UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

COVER LETTER

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

SUBJECT: Mynt 1103 Corp.		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	nd a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROM: Mimi Bared Name	(Printed or typed)	
201 Alhambra Circle, Sui	te 501 ddress	
Coral Gables, FL 33134	itate & Zip	
305-666-6010 Daytime Te	lephone number	_
mimi@baredlaw.com E-mail address: (to be 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)

ARTICLE I NA The name of the corpor	—— IVIVIII FILLA CACILI			
	Principal office Principal street address Alhambra Circle, Suite 501 al Gables, FL 33134		.201 Alha	failing address, if different is: umbra Circle, Suite 501 ables, FL 33134
ARTICLE III PUT The purpose for which Any all all lawful ARTICLE IV SH	the corporation is organized is: business.			RECRETARY OF STA- ALLAHASSEE, FLORE
The number of shares of ARTICLE V IN Name and Title: Address: 2	f stock is:100 Shares at \$1.00 Par ITIAL OFFICERS AND/OR DIRECT Alejandro Israel Mendoza, P/S 201 Alhambra Circle, Suite 501 Coral Gables, FL 33134	<u>'ORS</u> Nam Addi	ress: _	27 0 _h
Address: 2	Miguel A. Menendez de la Llave 201 Alhambra Circle, Suite 501 Coral Gables, FL 33134	Addı	ess: _	
Name and Title:_ Address:		Nam Addr	e and Title:_ ress:	
The name and Florida	GISTERED AGENT street address (P.O. Box NOT acceptable Pablo R. Bared, Esq. 201 Alhambra Circle, Suite 501 Coral Gables, Fl. 33134		istered agent	is:
The <u>name and address</u> Name:	CORPORATOR of the Incorporator is: Pablo R Bared, Esq 201 Alhambra Circle, Suite 501 Coral Gables, FL 33134			
Having been named as this certificate, I am fan	registered agent to accept service of pro niliar with and accept the appointment as	cess for the registered o	e above state agent and ag	ree to act in this capacity
I submit this document document to the Depart	Required Signature/Registered Agent and affirm that the facts stated herein ment of State constitutes a third degree fe	are true. I lony as pro	am aware ti	July 27, 2020 Date hat the false information submitted in a s.817.155, F.S.
	Required Signature/Incorporator			July 27, 2020 Date