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ALLAHASSEE FLOE

SEAN AND SEE.

CAPITAL CONNECTION, INC.

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

MUSCAS1010 CORE	> .			
				A markton Pila
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
			_ 	Fictitious Name File
				Trade/Service Mark
				Merger File
			<u> </u>	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
orgination of				Vehicle Search
				Driving Record
Requested by: SETH	06/12/22			UCC 1 or 3 File
	$\frac{06/13/22}{P_{ata}}$	Time		UCC 11 Search
Name	Date	Time		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

_{suвлест:} Muscas1010 Corp.,		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	icles of incorporation an	d a check for:
\$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: Bared & Associates, P.A.	(Printed or typed)	
201 Alhambra Circle, Su	ite 501	
Coral Gables, FL 33134		
305-666-6010 Daytime To	elephone number	<u></u>
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 II			
	PRINCIPAL OFFICE Principal street address	Mailine	and deman (F. d) Clarent in
20	21 Alhambra Circle, Suite 501	ivianing	g address, if different is:
	oral Gables. FL 33134		
3.2	Dial Gables, FL 55 154		
			<i>⟨</i> ~
ARTICLE III			2022 JUN SEC: TALLA
	ich the corporation is organized is:		
Any and all la	wful business.		[A L
			N I SAHAS
			\$\frac{1}{2} \frac{1}{2} \frac
			SSE PR
ARTICLE IV			*************************************
The number of share	es of stock is:I UU		(
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	RS	
	ic:Jose Mustri, President		
Address:	201 Alhambra Circle, Suite 501	Address:	
	Coral Gables, EL 33134		
			
Name and Tit	e:Sofia Cassab De Mustri Secretary	Name and Title:	
Address:	201 Alhambra Circle, Suite 501	Name and Time	
	Coral Gables, FL 33134		
3.7 3.000.1			
Name and 11th Address:	e:		
Addiess.		Address:	
Address.			
		Address.	
ARTICLE VI	REGISTERED AGENT		
<i>ARTICLE VI</i> The <u>name and Flori</u>	REGISTERED AGENT da street address (P.O. Box NOT acceptable) o		
ARTICLE VI F The name and Flori Name:	REGISTERED AGENT da street address (P.O. Box NOT acceptable) o Pablo R. Bared, Esq.	f the registered agent is:	
<i>ARTICLE VI</i> The <u>name and Flori</u>	REGISTERED AGENT da street address (P.O. Box NOT acceptable) of Pablo R. Bared, Esq. 201 Alhambra Circle, Suite 501	f the registered agent is:	
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ARTICLE VI I The name and Flori Name: Address: ARTICLE VII I The name and addr Name: Address: Having been named this certificate, I am	PEGISTERED AGENT da street address (P.O. Box NOT acceptable) or Pablo R. Bared, Esq. 201 Alhambra Circle, Suite 501 Coral Gables, Fl. 33134 NCORPORATOR ess of the Incorporator is: Pablo R. Bared, Esq. 201 Alhambra Circle, Suite 501 Coral Gables, Fl. 33134 as registered agent to accept service of process familiar with and accept the appointment as reg Required Signature/Registered Agent ent and affirm that the facts stated herein are	the registered agent is:	poration at the place designated in act in this capacity 06/13/2022 Date s false information submitted in a
ARTICLE VI I The name and Flori Name: Address: ARTICLE VII I The name and addr Name: Address: Having been named this certificate, I am	PEGISTERED AGENT da street address (P.O. Box NOT acceptable) or Pablo R. Bared, Esq. 201 Alhambra Circle, Suite 501 Coral Gables, Fl. 33134 NCORPORATOR ess of the Incorporator is: Pablo R. Bared, Esq. 201 Alhambra Circle, Suite 501 Coral Gables, Fl. 33134 as registered agent to accept service of process familiar with and accept the appointment as reg	the registered agent is:	poration at the place designated in act in this capacity 06/13/2022 Date s false information submitted in a
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the cor	NAME MUSCAS1010 CORP.,		
2	PRINCIPAL OFFICE Principal street address 01 Alhambra Circle, Suite 501 oral Gables, FL 33134	Ma	illing address, if different is:
	PURPOSE nich the corporation is organized is: wful business.		
ARTICLE IV The number of share		RS	
	le:Jose Mustri, President 201 Alhambra Circle, Suite 501 Coral Gables, FL 33134	Name and Title: Address:	
Name and Tit Address:	le:Sofia Cassab De Mustri Secretary 201 Alhambra Circle, Sulte 501 Coral Gables, FL 33134	Address:	
Name and Titl Address:	le:		<u> </u>
	REGISTERED AGENT		22 JUI
Name: Address:	ida street address (P.O. Box NOT acceptable) o Pablo R. Bared, Esq. 201 Alhambra Circle, Suite 501 Coral Gables, FL 33134	i the registered agent is 	HASSE
	NCORPORATOR		
The name and addr Name: Address:	ess of the Incorporator is: Pablo R_Bared, Esq	- -	LE. FL. S. FL.
Having been named this certificate, I am	as registered agent to accept service of proces. familiar with and accept the appointment as reg	s for the above stated istered agent and agre	corporation at the place designated in the to act in this capacity
	1 WX		06/13/2022
-	Required Signature/Registered Agent		Date
I submit this docum document to the Dep	nent and affirm that the facts stated herein are artment of State constitutes a third degree felony	true. I am aware tha y as provided for in s.8	t the false information submitted in a 177.155, F.S.
	1 KDN		06/13/2022
	Required Signature/Incorporator		Date