## P110000006090

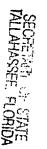
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## **COVER LETTER**

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

SUBJECT: Fab5ive, Incorporated			
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)	
Enclosed are an original and one (1) copy of the art	icles of incorporation an	d a check for:	
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
	ADDITIONAL COPY REQUIRED		
FROM: Kimberly Calver	e (Printed or typed)		
19612 Delaware Circle	Address		
Boca Raton, Florida 33 City,	434 State & Zip		
561-213-3495 Daytime T	elephone number		
kim@perettine-law.com E-mail address: (to be use	d 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 The name of the cor	NAME Fab5ive, Incorporate poration shall be:	ed	
ARTICLE II PRINCIPAL OFFICE  Principal street address 19612 Delaware Circle		Mailing ad	dress, if different is:
	oca Raton, Florida 33434		
<u></u>	dea i lateria i lorida do to		
ARTICLE III		<del></del>	PROCEEDING TO THE PROCESSION OF THE PROCESSION O
The purpose for wheeler profit	nich the corporation is organized is:		TO PALE STATE
ARTICLE IV The number of shar	SHARES es of stock is:100 shares		<u> </u>
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	TORS	
	ile:Kimberly Calver, President		
Address:	19612 Delaware Circle		
	Boca Raton, FL 33434		
Name and Ti	tle:Kimberly Calver, Secretary	Name and Title	
Address:	19612 Delaware Circle	Address:	
r taur voo.	Boca Raton, FL 33434		
Name and Ti	tle:	Name and Title:	
Address:	ne	Address	
Audiess.			
		<del></del>	
4 D. OT CO 1 D 1 T	DROKOMBOND AGENT		
	REGISTERED AGENT rida street address (P.O. Box NOT acceptab	la) of the registered agent is:	
Name:	Kimberly Calver		
Address:	19612 Delaware Circle		
	Boca Baton, FL 33434		
	,		
	INCORPORATOR		
Name:	Iress of the Incorporator is:		
Address:	Kimberly Calver	<del></del>	
Addiess.	19612 Delaware Circle Boca Raton, FL 33434		
	ed as registered agent to accept service of p in familiar with and occept the appointment o		
	6///		1/13/11
	Required Signature/Registered Agen	<u></u>	Date
I submit this docu document to the D	ment and affirm that thg facts stated herei epartment of State constitutes a third degree	n are true. I am aware that the	false information submitted in a 5, F.S.
	11/10		1/13/11
	Required Signature/Incorporator		Date
	required Signature/Incorporator		Dutt