

P0200022200

Sender's Name: Shirley Henderson Phone: 315 803-2277
 Company: Shirley Records
 Address: 200 N.E. 27th Street Dept./Floor/Suite/Room:
 City: Miami State: FL ZIP: 33137

Office Use Only

- NUMBER(S), (if known):
- Agovish, Inc. (Corporation Name) (Document #)
 - _____ (Corporation Name) (Document #)
 - _____ (Corporation Name) (Document #)
 - _____ (Corporation Name) (Document #)

FILED
 02 FEB 27 PM 2:27
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

87.5
62.50
78.75

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 -03/06/02--01066--017
 ****150.00 *****78.75

[Handwritten signature]

Examiner's Initials	
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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

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ARTICLE I NAME

The name of the corporation shall be:

LIQUORISH,INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

222 NE 27th Street
Miami, Fla 33137

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is

The total number of shares of stock, which the corporation shall have the authority to issue, is 200 shares of common stock, no par value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Shona Henriques
222 NE 27th Street
Miami, Florida 33137

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

KELVIN LIQUORISH (President)
222 NE 27TH STREET
MIAMI, Fla 33137.

JOY WILLIAMS (Vice President)
222 NE 27TH STREET
MIAMI, Fla 33137

KELVIN LIQUORISH (Secretary)
222 NE 27TH STREET
MIAMI, Fla 33137

KELVIN LIQUORISH (Treasurer)
222 NE 27TH STREET
MIAMI, Fla 33137

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

25th day of Feb, 2002.

(An additional article must be added if an effective date is requested.)

K. D. LIQUORISH
Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the Designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607051, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is:
LIQUORISH INC.

The name and address of the registered agent and office is:

SHONA HENRIQUES
(NAME)

222 NE 27th Street

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Miami, Florida 33137
(CITY/STATE/ZIP)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

2/25/02
(DATE)

DIVISION CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314