F960000004168

TO: QUALIFICATION/TAX LIEN SECTION DIMSION OF CORPORATIONS

Division of Corporations

Tallahassee, FL 32399

409 E. Gaines St.

900001915059 -08/07/96--01027--002 *****78.75

SUBJECT: 1/5 Et Should	Be Theurpore ted	
SUBJECT: 1/5 It Should Be Theurpare ted (Name of corporation - must include suffix)		
Dear Sir or Madam:	must include suffix) w96-1662	
The enclosed "Application by Foreign C Florida", "Certificate of Existence", and foreign corporation to transact business in	orporation for Authorization to Transact Business in check are submitted to register the above referenced Florida.	
Please return all correspondence concerning this matter to the following:		
Per Ne (Name of Person 1) Standard (Firm/Company Box 1031 (Address)	7 15	
(City, State and Zip C	1 3969 S	
Should you need to call someone concerning Pelan Wiedemann at ((Name of Person)	ng this matter, please call: $\overset{\sim}{\approx}_{\infty}$	
COURIER ADDRESS:	MAILING ADDRESS:	
Qualification/Tax Lien Sec.	Qualification/Tax Lien Sec.	

Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327



August 9, 1996

PETER WIEDEMANN AS IT SHOULD BE INC. PO BOX 10317 LARGO, FL 34643

SUBJECT: AS IT SHOULD BE INC. Ref. Number: W96000016662

We have received your document for AS IT SHOULD BE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The signature of an officer or director is required is section #13.

If you have any questions concerning the filing of your document, please call (904) 487-6093.

Freta Lott Corporate Specialist Supervisor

Letter Number: 096A00038014

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1,	113 It Should Be Incorporated
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly Indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
	or parmeranip if not so contained in the name at present.)
2	Delaware 2 59-3387789
-(State or country under the law of which it is incorporated) 3. 59-3587789 (FEI number, if applicable)
4.	(Date of incorporation) 5. Dev Pertual (Duration: Year corp. will cease to exist or "perpetual")
6.	(Date first transacted busine as in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)
7	130X 10317
••	
	(Date first transacted busine as in Florida. (See ecctions 607.1501, 607.1502, and 817.155, F.s.) 13 cy
	(Current mailing address)
8.	Composer Consultante Som on
9.	Name and street address of Florida registered agent:
	Name: Peter Wiedemann
	Office Address SRS 1 104 MILE 11
	Pinelles Pork , Florida , 34466 (Zip Code)
	Fine //cs POVK Florida, 39446
	(ZID COOP)
	Registered agent's acceptance:
Ha	ving been named as registered agent and to accept service of process for the above stated rporation at the place designated in this application, I hereby accept the appointment as
reg	istered agent and agree to act in this capacity. I further agree to comply with the provisions
ot t wit	all statutes relative to the proper and complete performance of my duties, and I am familiar the and accept the obligations of my position as registered agent.
	(Registered agent's signature)
	(Régistèred agent's signature)
11.	Attached is a certificate of existence duly authenticated, not more than 90 days prior to
aeli	very of this application to the Department of State, by the Secretary of State or other official

having custody of corporate records in the jurisdiction under the law of which it is incorporated.

Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) 12. DIRECTORS (Street address only- P. O . Box NOT acceptable) Chairman: _ Address: Vice Chairman: _____ Director: _ Address: _____ Director: _ Address: _ B.OFFICERS (Street address only- P. O. Box NOT acceptable) President: Prfpr Wiedemann Address: _5851 100 Pour Hes Park Fl 34666 Vice President: _ Kenines Auc ムムみぐて Address: _ Pinelles POVK 37665 Larvy Krarnes Secretary: Same Address: 8 Larry Kearnes. Same Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. SÍA = (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

Office of the Secretary of State

1. I DWARD J. FREEL. SECRETARY OF STATE OF THE STATE OF DELAWARE. DO HEREBY CERTIFY "AS IT SHOULD IT INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTTETH DAY OF JULY, A.D. 1996.

96 AUG 15 AH II: 08
SECRETARY OF STATE
TALLAHASSEE, FLORID



Edward J. Freel, Secretary of State

AUTHENTICATION:

8047855

960221949

2627186 8300

DATE:

07-30-96