N08000003767

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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2008 APR 17 PM 2: 17
SECRETARY OF STATE
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Cf. 4-17

COVER LETTER

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

SUBJECT:	ASHLEY INVESTMENTS, INC.				
		ATE NAMÉ – <u>MUST INC</u>			
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Status Status Filing Fee, Certified Copy & Certificate of		
FROM:		DOLYN SEALES e (Printed or typed)			
	484 NW 165 STREET, ROAD #A310 Address				
	MIAMI, FLORIDA 33169 City, State & Zip				
		05) 336-2155			

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 25, 2008

GWENDOLYN SEALES 484 NW 165 ST. RD., #A310 MIAMI, FL 33169

SUBJECT: ASHLEY INVESTMENTS, INC.

Ref. Number: W08000015368

We have received your document for ASHLEY INVESTMENTS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Chapter 607 and 621 F.S. is for a profit corporation. Chapter 617 f.s. is for a non profit corporation. You have referenced profit corporation, and yet you say it is a 501C3. You also say it is a charitable corporation. Please decide if this is going to be a profit corporation or a non profit and send in the proper paperwork.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
New Filing Section

Letter Number: 108A00017682

98 APR 17 AM 8: 00 HATSION OF CORPUSATIONS

COVER LETTER

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

SUBJECT:	Sh/EE I NVEST	tments Inc	DE SUFFIX)			
	(FROFOSED CORFORA	TIE NAME - MIDST INCLU	DE SUFFIX			
Enclosed is an original a	nd one(1) copy of the Arti	cles of Incorporation and	a check for :			
\$70.00	\$78.75	\$78.75	\$87.50			
Filing Fee	Filing Fee & Certificate of	Filing Fee & Certified Copy	Filing Fee, Certified Copy			
	Status	Commed copy	& Certificate			
		ADDITIONAL CO	- PY REQUIRED			
FROM:	Gwencholy n	SEA/6S Printed or typed)	_			
484 N. W. 165 SA. Rd. A310 Address						
Miani Fl. 33169 City, State & Zip						
305-941-7453 Daytime Telephone number						

NOTE: Please provide the original and one copy of the articles.

FILED

ARTICLES OF INCORPORATION **OF** ASHLEE INVESTMENTS, INC.

2008 APR 17 PM 2: 17

SECRETARY OF STATE TALLAHASSEE FLORIDA

In compliance with Chapter 617.0202

ONE:

The name of this principal corporation is Ashlee Investments, Inc.

TWO:

This principal place of business address of the corporation is 484 NW 165th Street, Road, #A310. Mrani, FL 33169

THREE:

This corporation is organized and operated exclusively for Educational and Charitable purposed within the meaning of Section 501(c)(3) of the Internal

Revenue Code.

Not-withstanding any other provision of these Articles, the corporation shall not carry on any other activities not permitted to carry on (1) by a corporation exempt from federal income tax under Section 501@3 of the Internal Revenue Code or (2) by a corporation contributions to which are deductible under

Section 170©(2) of the Internal Revenue code.

FOUR:

The duration of this corporation shall be perpetual, having no stock, and shall

have no members.

FIVE:

The name of the corporation's registered agent is:

Gwendolyn Seales 484 NW 165 St, Rd, #A310 Miami, Florida 33169

SIX:

The Directors are elected in accordance with the Bylaws. The name and address of the persons appointed to act as the initial Directors of this corporation are:

NAME		ADDRESS
Gwendolyn Seales	President	484 NW 165 St, Rd #A310 Miami, FL 33169
Rose Marie Grant	Vice-President	2430 NW 154 Street Miami, FL 33054
Tonya Wright	Secretary	13603 Marina Point Drive #D-301 Marina Delray, CA 90292

Ebony Ashley Wright

Treasurer

14521 Prism Circle, #205-A Tampa, FL 33613

SEVEN:

The property of this corporation is irrevocable dedicated to Charitable and Educational purposes and no part of the net income or assets of the organization shall ever inure to the benefit o any director, officer or member thereof or the benefit of any private person.

EIGHT:

On the dissolution or winding up of the corporation, its assets remaining after payment of, or provision of, all debts, and liabilities of this corporation, shall be distributed to a nonprofit fund, foundation, or corporation, which is organized and operated exclusively for, Educational and Charitable under Section 501@3 of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government for a public purpose. Any such asset not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is located, exclusive for such purposes or to such organization or organizations, as said Court shall determine which are organized and operated exclusively for such purposes.

NINE:

Executed on March 15, 2008. The name and address of the incorporator of this corporation shall be:

> Gwendolyn Seales 484 NW 165 St, Rd, #A310 Miami, Florida 33169

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) Holl 4-09-Registered Agent + Incorporator