TRANSMITTAL LETTER

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

00 MAR 17 PM 2: 30

SEURETARY OF STATE TALLAHASSEE, FLORIDA

500003174305--2 - -03/17/00--01069--020_ *****78.75 *****78.75

SUBJECT: Anything - You-Need, Inc. (Proposed corporate name - must include suffix)	
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Enclosed is an original and one(1) copy of the article	es of incorporation and a	check for:	
\$70.00 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
	ADDITIONAL CO	PY REQUIRED	
FROM:			
5861 SW 21 Street			
Hollywood, FL 33023			
305-588-660 Daytime Telephone number			

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

ARTICLES OF INCORPORATION

NAME

ARTICLE I

FILED 00 MAR 17 PM 2:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

The name of the corporation shall be:	
Anything-You-Need, Inc	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation sh	all be:
5861 SW 21 Street	
Hollywood, FL 33023	
<u>ARTICLE III SHARES</u>	
The number of shares of stock that this corporation is authorized to have	outstanding at any one time is:
100	
ARTICLE IV INITIAL REGISTERED AGENT AND STR	EET ADDRESS
The name and Florida street address of the initial registered agent are:	
L.A. Thompson 5861 SW 21 Street	
ESIN SIN DI Street	
Holly wood, FL 33023	
ARTICLE V INCORPORATOR	•
The name and address of the incorporator to these Articles of Incorpora	tion are:
L.A. Thompson	
FOLI ON 71 Street	
5861 SW ZI Street Hollywood, FL 33023	
LA Shompson	3-14-00
Signature/Incorporator	Date

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

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/Registered Agent

Date