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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

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\*\*\*\*\*87.50 \*\*\*\*\*87.50

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
TALLAHASSEE, FL 32314

SUBJECT : ANOTHER VIEW FOR YOU, INC.

ENCLOSED IS AN ORIGINAL AND ONE COPY OF THE ARTICLES OF  
INCORPORATION AND A CHECK FOR \$87.50.

PLEASE INCORPORATE THE ABOVE CORPORATION EFFECTIVE 01/02/2001

FROM :

DOLINA AMADOR  
13460 S.W. 7<sup>TH</sup> PLACE  
DAVIE, FL 33325  
954 747 7080

CB 25 ✓

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**  
**ANOTHER VIEW FOR YOU, INC.**

THE UNDERSIGNED ACTING AS THE INCORPORATOR OF A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATIONS ACT, ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

**ARTICLE I**  
**NAME**

THE NAME OF THE CORPORATION SHALL BE :

**ANOTHER VIEW FOR YOU, INC.**

**ARTICLE II**  
**PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS :

**13460 S.W. 7<sup>TH</sup> PLACE,  
DAVIE, FL 33325**

**ARTICLE III**  
**PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS :

**THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND OF THE STATE OF FLORIDA.**

**ARTICLE IV**  
**SHARES**

THE NUMBER OF SHARES OF CAPITAL STOCK IS :

**ONE THOUSAND (1 000) SHARES OF COMMON STOCK HAVING A PAR VALUE OF ONE (\$1) EACH**

**ARTICLE V**  
**INITIAL OFFICERS/DIRECTORS**

THE NAME(S) AND ADDRESS(ES) :

**DOLINA AMADOR**  
**DIRECTOR & PRESIDENT**  
**13460 S.W. 7<sup>TH</sup> PLACE**  
**DAVIE, FL 33325**

**MARILYN AMADOR**  
**SECRETARY**  
**13460 S.W. 7<sup>TH</sup> PLACE**  
**DAVIE, FL 33325**

**ARTICLE VI**  
**REGISTERED AGENT**

THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS :

**DOLINA AMADOR**  
**13460 S.W. 7<sup>TH</sup> PLACE**  
**DAVIE, FL 33325**

**ARTICLE VII**  
**INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS :

**DOLINA AMADOR**  
**13460 S.W. 7<sup>TH</sup> COURT**  
**DAVIE, FL 33325**

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

  
SIGNATURE / REGISTERED AGENT

1-27-00  
DATE

  
SIGNATURE / INCORPORATOR

1-27-01  
DATE