ء يو 🎾 533 ETTER ED 01 MAY 29 PM 1:45 Department of State **Division of Corporations** SECRETARY OF STATE FALLAHASSEE FLORIDA P. O. Box 6327 Tallahassee, FL 32314 he Mon SUBJECT: lurns (PROPOSED CORPORA ST INCLUDE SUFFIX) 2000 \*\*\*\*78.75 \*\*\*\*\*78.75 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$78.75 \$70.00 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Vance FROM: Name (Printed or typed) shore was Address 34119 Florida City, State & Zip (91 596-8378 Daytime Telephone number

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

D. WHITE JUN - 5 2001

In compliance with Chapter	<b>PRPORATION</b> 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation	shall be: As The Mop Turns	, TNC. OI HAY 29 PH 1:45 SECRETARY OF STATE FALLAHASSEE FLORIDA
ARTICLE II PRINC. The principal place of busine	IPAL OFFICE ess/mailing address is: 11349 Longshore Naples, FLorida	Way E 34/19
ARTICLE III PURP The purpose for which the o		nger e
ARTICLE IV SHAP The number of shares of stor		n Value.
	1. OFFICERS/DIRECTORS (optional) s): of the initial directors are : - 11349 Longshore Way E, No to - 5180 Coral Wood Dr., Nay	ples, Florida 34119 ples, Florida 34119
	EISTERED AGENT et address of the registered agent is: 11349 Longshore Way E, Nap	oles, Florida 34119
The name and address of t	<u>RPORATOR</u> he Incorporator is: ato - 5180 Coral Wood Dr., N	Japles, FL 34119
	****	****
Having been named as registered	l agent to accept service of process for the above stated corp d accept the appointment as registered agent and agree to ac	