Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000074990 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A.

Account Number : 119990000058

Phone

: (954)753-6042

Fax Number

: (954)753-1123

FLORIDA PROFIT CORPORATION OR P.A.

AS YOU WISH, INC.

Certificate of Status	1
Certified Copy	0.
Page Count	05
Estimated Charge	\$78.75

115/00

ARTICLES OF INCORPORATION OF

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

ARTICLE ONE

NAME

The name of the corporation shall be:
As You Wish, Inc.

ARTICLE TWO-

PRINCIPAL OFFICE

The principle place of business and mailing address of this Corporation shall be:

840 Coral Ridge Dr. Suite 104 Coral Springs, FL 33071

SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A. 9690 W. Sample Road SUITE 202 CORAL SPRINGS, FL 33065 (954)753-2222 H020000749901

02 APR -8 PH 12: 21
SUCRETARY OF STATE
ALL AHASSEF FIREMAN

ARTICLE THREE CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at one time is one thousand shares of common stock with a par value of one dollar.

ARTICLE FOUR

INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

Tracy Litt
840 Coral Rigde Dr. suite 104
Coral Springs, FL 33071

ARTICLE FIVE

INCORPORATOR

The name and address of the Incorporator is:

Tracy Litt
840 Coral Ridge Dr. Suite 104
Coral Springs, FL 33071

H020000749901

The undersigned has executed these Articles of Incorporation. This 8th Day of April.

Date:

CERTIFICATE OF DESIGNATED REGISTERED AGENT

Pursuant to the provisions of section 607.0501 Florida Statutes, the Undersigned Corporation, under the Laws of the State of Florida submits to the following statement designating the registered agent in the State of Florida.

- 1. The name of the corporation is: As You Wish, Inc.
- 2. The name and address of the registered agent Tracy Litt 840 Coral Ridge Dr. Suite 104

Coral Springs, FL 33071

Signature:

H020000749901

Having been named as the Registered Agent and to accept service of process for the above stated corporation at the place designated in this Certificate, I accept the appointment as Registered Agent and agree to comply with the provisions of all the 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.

Sionature:

Date: ____

H020000749901

PILED

02 APR -8 PM 12: 21

SECKLIARY OF STATE