

PD4000158078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

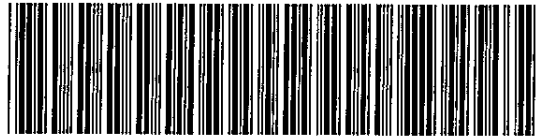
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500042810155

11/19/04--01045--008 **78.75

RECEIVED
04 NOV 19 2010:48
DIVISION OF COMMUNICATIONS
TELEPHONE DIVISION

RECEIVED
04 NOV 19 PM 2:07
TELEPHONE DIVISION

✓
11/19/04

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ALL WOUND UP, INC.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)



Walk in



Pick up time

2.00



Certified Copy



Mail out



Will wait



Photocopy



Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

FOR

ALL WOUND UP, INC.

FILED
04 NOV 19 PM 2:07
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:

ALL WOUND UP, INC.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business and the mailing address of this corporation shall be:

999 Ponce de Leon Boulevard
PH 1120
Coral Gables, Florida 33134

ARTICLE III SHARES

The number of shares of stock that this corporation is authorizes to have outstanding at any one time is 100 shares of common stock having a par value of \$1.00 per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ana M. Veliz, Esq.
Penthouse 1120
999 Ponce De Leon Boulevard
Coral Gables, Florida 33134

ARTICLE V INCORPORATOR

The names and street address of the incorporator to these Articles of Incorporation is:

Ana M. Veliz
PH 1120
999 Ponce de Leon Boulevard
Coral Gables, Florida 33134

ARTICLE VI DIRECTORS

FILED
04 NOV 19 PM 2:07

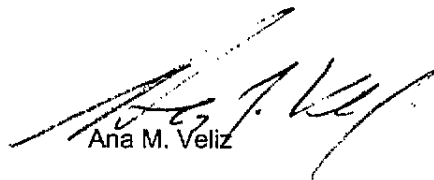
CLERK OF DISTRICT COURT
CORAL GABLES, FLORIDA

The name and street address of the director to these Articles of Incorporation is:

Ana M. Veliz
999 Ponce de Leon Boulevard
PH 1120
Coral Gables, Florida 33134

The Undersigned Incorporators have executed these Articles of Incorporation this 17th day of November, 2004.

Signature(s) of the Incorporators(s)



Ana M. Veliz

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

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.



ANA M. VELIZ, ESQUIRE

DATE 11/17/04