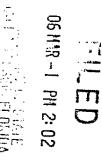
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COVER LETTER *

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

SUBJECT: Ahrens Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	<u>dde Suffix)</u>		
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	Rachel L. Ahr Name				
	Lithia City,	FL 3354 State & Zip 85-0087 elephone number	17		

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Ahrens Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6114 Vireoridge Dr. Lithia, FL. 33547

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Rachel Ahrens -6114 Viveoridge Dr. Lithia, FL. 33547

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Rachel Ahrens

6114 Viceoridge Dr. Lithia, FL. 33547

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Rachel Ahrens 6114 Vireoridge Dr. Lithia , FL. 33547

Having been named as registered agent to accept service of process for the above stated 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/Incorporator

2-6-06 Date

2-6-06 Date