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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
·
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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SECRETARIÉSEE, FLORIES

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COVER LETTER

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

FE NAME – <u>MUST INCL</u>	UDE SUFFIX)
les of incorporation and	i a check for.
S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
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NUE	
State & Zip	
elephone number	
	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO (Printed or typed) NUE Address State & Zip

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:

YOU WISH, INC.

2007 MAR 15 PM 2:54
TALLAHASSEE, FLORID

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

39315 CLINTON AVENUE DADE CITY, FLORIDA 33525

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TRANSPORTING AND HAULING

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):

ROBERT ALEXANDER 39315 CLINTON AVENUE DADE CITY, FLORIDA 33525

PRESIDENT

ARTICLE VI REGISTERED AGENT

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

ROBERT ALEXANDER 39315 CLINTON AVENUE DADE CITY, FLORIDA 33525

ARTICLE VII INCORPORATOR

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

ROBERT ALEXANDER 39315 CLINTON AVENUE DADE CITY, FLORIDA 33525

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

Signature/Registered Agent

Date
3-12-57

Date