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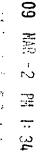
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			

Office Use Only



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COVER LETTER

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

SUBJECT: ALLNEV	WTOOLS INC	ATE NAME – MUST INCI	JIDE SHEFIXY
	(i koi oseb com ole	NED MAGE INC.	<u> </u>
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: <u>H</u>	ARRY HENSLER		
	Name	(Printed or typed)	
	1239 OCEAN SHORE BLVD	Address	
	ORMOND BEACH, FL & 32176		
	City	, State & Zip	
	386-383-9710	Talanhana mumban	<u>.</u>
	Daytime	Telephone number	

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:

ALLNEWTOOLS INC.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is:

1239 Ocean Shore Blvd. Ormond Beach, FL 32176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

1239 Ocean Shore Blvd Ormond Beach, FL 32176 President

ARTICLE VI REGISTERED AGENT

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

Harry Hensler 1239 Ocean Shore Blvd Ormond Beach, FL 32176

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Harry Hensler 1239 Ocean Shore Blvd Ormond Beach, FL 32176

M Wh	2/26/2009
Signature/Registered Agent	Date
In like	2/26/2009
Signature/Incorporator	Date