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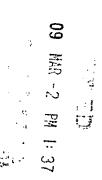
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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, COVER LETTER

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

SUBJECT: ALLNE	WKITCHENTOOLS INC		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00	☑ \$78.7 5	□ \$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
		ADDITIONAL CO	Status DPY REQUIRED.
FROM: H	ARRY HENSLER		
	Name	(Printed or typed)	
	1239 OCEAN SHORE BLVD		
		Address	
	ORMOND BEACH, FL & 32176		
,		y, State & Zip	
	386-383-9710		
	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:

ALLNEWKITCHENTOOLS IN C

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 <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Harry Hensler 1239 Ocean Shore Blvd Ormond Beach, FL 32176

ARTICLE VII INCORPORATOR

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

Harry Hensler 1239 Ocean Shore Blvd Ormond Beach, FL 32176

************	******
Having been named as registered agent to accept service of process for tertificate, I am familiar with and accept the appointment as registered age	
Me Mar	2/26/2009
Signature/Registered Agent	Date
In the	2/26/2009
Signature/Incorporator	Date

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