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COVER LETTER

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

SUBJECT: ASSEME	BLE IT 4 YOU INC		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an origi	nal and one (1) copy of the arti	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIR	
FROM: DOI	NALD QUALLO Name	e (Printed or typed)	
1138	80 CORAL BAY DRIVE	Address	
вос	A RATON, FLORIDA 33498	State & Zip	
(561) 376-4793	•	
	Daytime T	elephone number	
tende	erkrust@gmail.com		
	E-mail address: (to be used	d for future annual report r	notification)

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

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

ARTICLE I NAME

The name of the corporation shall be:

ASSEMBLE IT 4 YOU, INC

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 11380 CORAL BAY DRIVE, BOCA RATON FLORIDA 33498

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO CONDUCT ALL LEGAL BUSINESS IN FLORIDA

TO MAY 19 AM II: 32 SECRETARY OF STATE INCLAMASSEE, FLOORES.

ARTICLE IV SHARES

The number of shares of stock is: ONE HUNDRED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DONALD QUALLO - President & Treasurer - 11380 CQRAL BAY DRIVE, BOCA RATON FL 33498

Claudette Quallo - Vice President & Secretary,

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: DONALD QUALLO - 11380 CORAL BAY DRIVE, BOCA RATON FLORIDA 33498

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: DONALD QUALLO - 11380 CORAL BAY DRIVE, BOCA RATON FLORIDA 33498

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/Registered Agent

Date

Date

Date

Date