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COVER LETTER

ALL ONE FAMILY WOODSMERE INC

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

SUBJECT:		WOODSMERE INC	
•	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles 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 CO	PY REQUIRED
FROM:		EN WILKES e (Printed or typed)	· · · · · · · · · · · · · · · · · · ·
		JRTENAY PKWY	
		Address	
***************************************		ND, FLORIDA 32953 , State & Zip	
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**********	······································	-536-7862 Celephone number	
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		are@cfl.rr.com ed for future annual report i	actification)
	E-man address. (10 De use	ar for turnic stillings tebout i	ionneamon)

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

ARTICLE I NAME		
The name of the corporation	shall be:	
ALL ONE FAMILY WOODSM	MERE INC	
ARTICLE II PRINC	IPAL OFFICE	
The principal street address	and mailing address, if different is:	芸術 る
1104 WOODSMERE PKWY		着量工
ROCKLEDGE, FLORIDA 329 ARTICLE III PURPO		N 25 W
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6/21/10 Date

6|31|10 Date

agree to act in this capacity

Signature/Registered Agent

Yau a Zulu

Signature/Incorporator