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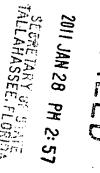
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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01/28/11--01011--002 **70.00



COVER LETTER

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

SUBJECT: Liquidators2020 Inc.				
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an original and one (1) copy of the article \$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
FROM: <u>Joseph T. Guinther</u>	(Printed or typed)			
384 NW 153rd Ave.	(Printed or typed) AN 28 Control of typed) AN 28 Control of typed Address			
Pembroke Pines, FL 330	D28-1823 SS C			
954-889-7144	State & Zip			
sales@liquidators2020.co	•			

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)

The name of the co	Liquidators2020 Inc. orporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing	address, if different is:
	384 NW 153rd Ave.	Same	
1	Pembroke Pines, FL 33028-1823		
ARTICLE III	PURPOSE		
	which the corporation is organized is: and Lawful Trade		
ARTICLE IV The number of sha	<u>SHARES</u> res of stock is:100,000 (One Hundred Tho	ousand)	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	,	
	itle:Joseph T. Guinther, President & CEO		
Address:	384 NW 153rd Ave.		
	Pembroke Pines, FL 33028-1823		
Name and T	itle:	Name and Title:	
Address:			
			
Name and T	itle:	Name and Title:	
Address:		Address:	
			
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Joseph T. Guinther		
Address:	384 NW 153rd Ave	_	B
	Pembroke Pines, FL 33028	_	
ARTICLE VII	INCORPOR A TOP		
	INCORPORATOR dress of the Incorporator is:		AHAN TI
Name:	Joseph T. Guinther		28 ARN SSE
Address:	384 NW 153rd Ave.	-	rri
11441000	Pembroke Pines, FL 33028	_	R I
		=	
Having been nam	ed as registered agent to accept service of process	s for the above stated corp	poration at the place designated in
this certificate, I in	m familiar with gold accept the appointment as reg	istered agent and agree to	• •
	age low!	···-	1/25/2011
	Required Signature/Registered Agent		Date
	ament and affirm that the facts stated herein are epartment of state conditutes a fird degree elong		
Y.	A MANY AND THE		04/05/0044
	Peguired Stonature magnetics		01/25/2011
	Required Signature, incorp rator	_	Date