## P1100000732333

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## **COVER LETTER**

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

SUBJECT: ADS Know'S Beginning (PROPOSED CORPORA	St Inc		
(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)	
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	d a check for:	
\$70.00 \$78.75 Filing Fee	\$78.75 Filing Fee	\$87.50 Filing Fee,	
& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status	
	ADDITIONAL CO		
	<del></del>		
FROM: Jennifer M. Mo Name	(Printed or typed)		
4282 Sawyer Cir	Apt B		
ST. Cloud FLoria	<u>/a 34772</u> State & Zip		
(407)591-7562 Daytime To	elephone number		
Marter Love 85 E-mail address: (to be used		OM notification)	

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 1 NAME
The name of the corporation shall be: ADS Know's Best Inc

ARTICLE III P	ch the corporation is organized is:	4282 Sch	ess, if different is:  Over Cir Apt B  Zorida 34772
ARTICLE IV S The number of shares ARTICLE V II	HARES of stock is:1  NITIAL OFFICERS AND/OR DIRECTOR Tennifer M. Marico D/ President (60 42		FILED FILED FILED SECRETARI CHISTATE TALLAHASSEE FLORIDA
Name and Title Address:		_ Address:	
Name and Title Address:	;	Address:	
	EGISTERED AGENT  la street address (P.O. Box NOT acceptable) of  4282 Soulyer Cir Apt B  57. Cloud FLorida 3477	(Jennifer M. Mar	rero)
	NCORPORATOR  SE of the Incorporator is:  4282 Squiyer Cir APT B  5T. Cloud FLorida 3477.	(Jennifer M.Mo 2	mero)
	as registered agent to accept service of process amiliar with and accept the appointment as regional Required Signature/Registered Agent		
	ent and affirm that the facts stated herein are artiment of State constitutes a third degree felony  Required Signature/Incorporator		