PIZODESY31

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | ; #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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October 10, 2013

All's Well, Inc. Ein # 65-0930299 Document # P99000046906

We have no intentions of reinstating the dissolved corporation, All's Well, Inc. Thereby releasing the name to be used again.

Registered Agent

President/Secretary

Patricia Ann Berardesco

TONICE IMAGINATION 1012013

Registered Agent

Vice President

Robert Berardesco

COVER LETTER

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

| SUBJECT: All'S | Well, Inc. | | |
|------------------------------------|--|--|---|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | inal and one (1) copy of the art | ticles of incorporation an | d a check for: |
| ■ \$70.00 Filing Fee CK 1043 | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
| FROM: P | atricia Ann Bera | rdesco | |
| 23 | 31 Piccolo Way | | |
| | | Address | |
| D | avenport, Florida | a, 33896 | |
| | City. | State & Zip | |

561-870-1053

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

Daytime Telephone number

pbera1@yahoo.com

E-mail address: (to be used for future annual report notification)

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

| | in compliance with Chapter 607 alast | or Chapter 021, 1 | FILED |
|---|--|---|--|
| ARTICLE I NAM The name of the corporat | ion shall be: All's Well, Inc. | | SECRETARY OF STATE DIVISION OF CORPORATIONS |
| ARTICLE II PRII | NCIPAL OFFICE | , | 13 OCT 17 PM 1= 27 |
| 231 Piccolo W | Principal <u>street</u> address ay | | Mailing address, if different is: |
| Davenport, Fl. | | | · · · · · · · · · · · · · · · · · · · |
| - | | *************************************** | |
| ARTICLE III PURI The purpose for which the | POSE ne corporation is organized is: | ure of the | business which may be |
| transacted by | the corporation is as follo | ws: This o | corporation may engage |
| in any activity | or business permitted und | er the law | s of the State of Florida, |
| and shall enjoy | y all the rights and privilege | es of a Co | rporation granted by the |
| laws of the Sta | ate of Florida. | | |
| | | | |
| | | 1 | |
| | | | |
| | | | |
| ARTICLE IV SHA The number of shares of s | | tock | |
| | | | |
| | IAL OFFICERS AND/OR DIRECTOR | | |
| Name and Title | Patricia Ann Berardesco | Name and Title | |
| Address | President/ Secretary | Address: | Vice President |
| | 231 Piccolo Way | | 231 Piccolo Way |
| | Davenport, Fl. 33896 | | Davenport, Fl. 33896 |
| Name and Title: | | Name and Title | |
| Address | | | - |
| 11441055 | | , 11342-00- | |
| | | | |
| | | | |
| Name and Title: | | Name and Title | |
| Address | | Address: | |
| | | | |
| | | | |

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

| Name an | d Title: | Name and Title:_ | 'DIVISI | ON OF CO | RPUKA | CHUIT |
|-----------------------------|--|---------------------------------------|-----------------|-------------|----------|-------------|
| Address | | Address: | 13 0 | CT 17 | न भव | 21 |
| | | | | | | |
| ARTICLE VI | REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of | f the registered agent | t is: | | | |
| Name: | Patricia Ann Berardesco | · · · · · · · · · · · · · · · · · · · | · . | | | |
| Address: | 231 Piccolo Way | • | | | | |
| ridaroso. | Davenport, Fl. 33896 | - | | | | |
| ARTICLE VII The name and ac | INCORPORATOR Idress of the Incorporator is: Patricia Ann Berardesco | | | | | , |
| Address: | 231 Piccolo Way | • _ | | | | |
| | Davenport, Fl. 33896 | <u>.</u> | | | | |
| | ned as registered agent to accept service of process am familiar with and accept the appointment as reg | sistered agent and a | gree to act i | n this cape | acity | |
| wacer-1 4 | Required Signature/Registered Agent | 7000 | | | Date | |
| | nument and affirm that the facts stated herein are Department of State constitutes a third degree felon | | | | ion subi | mitted in a |
| Hatur A | Missinter VATRICIA A | WW BERAKE |)es Co | Octob | | , 2013 |
| | Required Signature/Incorporator | | | | Date | |