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TRANSMITTAL LETTER

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

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

1/15/9V

ARTICLES OF INCORPORATION

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 JUL 15 AM 9: 37

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ASHA GALAXY INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7325, 5.W 106 St OCala F1 34476

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

600 /00 of \$ 1.00 each.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

CHANDRAKANT -V. PATEL

7325 5.4 106 St

ocala f1 34476

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Chandralcant V. PATEL
7325 S.W 106 St
Ocala F1 34476.

The undersigned incorporator(s) has(l	have) executed these Articles of Incorporation this
	<u>, 19 9 6</u> .
(An additional article must be added if	an effective date is requested.)
	Pulel
<u>-</u>	Signature
	Signature
	Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

he name and	address of the registered		-		
	Chand	raken,	1. V. PATEL		
		(Name)		_	8
	7325 5.1	N 106	5/-		3
		ul Drop Box NO	*	_	3
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		(City/State/Zip)		-	မ္
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(SIGNATURE)