## TRANSMITTAL LETTER

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

600002013556--6 -11/26/96--01019--013 \*\*\*\*\*70.00 \*\*\*\*\*\*70.00

SUBJECT:	H SKi l	ompan-L			
(F	roposed corporate	name - mustinclude sui	ffix)		
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		<i>*</i>			
Enclosed is an original	and one (1) cop	y of the articles of i	ncorporation a	nd a chack	•
for:	·	•		a 4114411	•
\$70.00	<b>578.75</b>	\$122.50	<b>\$131.25</b>		•.
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Capy	Filing Fee,		
		a certified Copy	Certified Copy & Certificate	•	
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	Ci	ity, State & Zip		$p_{i,j} = Y_{i,j}$	
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NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

# ARTICLES OF INCORPORATION

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

#### ARTICLE | NAME

The name of the corporation shall be: A Shi Company

### ARTICLE II PRINCIPAL OFFICE

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

5220 E. Coloniel A. Onlando . Fl 32826

#### ARTICLE III SHARES

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

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jennifer Leachman 3964 N. Tanner Rd Onlando Pl 32936

#### ARTICLE V INCORPORATOR(S)

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

Jennifer Leachman 3964 N. Tanner Rd Onlando Fl 32826

The undersigned incorporator(s) has(have) executed these Articles of incorporation this

18 day of August 19 86.

Signature

Articles of Incorporation Filing Fee - \$35

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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.

1. The name of the corporation is:	A Shi Company

2. The name and address of the registered agent and office is:

Jenn, fer Leachman	96 NO SECRE TALLAF				
(Name)	AS P				
5220 E. Colonial Dr.	335 PI 54 CE 17 EI				
(P.O. Box not acceptable)	1 3: 1 3:				
Onlando Fl 32826	: 56 ATE				
(City/State/Zip)					

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature) 8/19/91 (Date)