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

		01	000025043 ************************************	330E 110909 ***** 18.75	
SUBJECT:Î	ASNAR Fnc. (Proposed corpor	ate name - must include sui	Mix) PLLAHASSE		
Enclosed is an origina	and one(1) copy of the articles	of incorporation and a	check for : 92	3:52	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	Siling Fee, Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED		
FROM: Alex Name (Printed or typed)					
	2920 Sprin	field Dr.			
	Tallahassee City,	FL 323 State & Zip	०४		
	(850) 668-5 Daytime Te	lephone number			

BO

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

## ARTICLES OF INCORPORATION

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

ARTICLE I NAME	デオ <b>ン</b> 「
The name of the corporation shall be: ASNAR IN	STATE
1/5/01/1	PH 3: 52
	52
ARTICLE II PRINCIPAL OFFICE	<u> </u>
The principal place of business and mailing address of this con	poration shall be: 2920 Spring field Ur.
	Tallahassee, FC
	37308
	52308
ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized	ed to have outstanding at any one time is:
1000.	· ·
•	•
ARTICLE IV INITIAL REGISTERED AGENT A	
The name and Florida street address of the initial registered age	
	2920 Springheld Drive
	Tallahussee, FL
	32308
ARTICLE V INCORPORATOR	
The <u>name and address</u> of the incorporator to these Articles of	Incorporation are: Alex Notes
	1920 care Gold No
	2920 Spring Field Dr.
	32308
$\mathcal{A} \sim \mathcal{A}$	52400
All h Y/u lix	0.00.00
- HANTAGAS	7-39-98
Signature/Incorporator	Date
(An additional article must be added if a	m officializa data in accurate d
(An additional article must be added if a	in effective date is requested.)
Having been named as registered agent and to accept service of process fo	r 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 performa	nce of my duties, and I am familiar with and accept the
obligations of my position as registered agent	
ANN MAN	
Signature/Registered Agent	Date