(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

11/20/13

NAME: AVANTHI, INC

TYPE OF FILING: ARTICLES

COST:

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AUTHORIZATION: ABBIE/PAUL HODGE

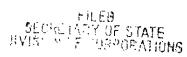
COVER LETTER

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

BJECT: Avanum, Inc. (PROPOSED CORPO	RATE NAME – MUST INCL	UDE SUFFIX)
losed are an original and one (1) copy of the	articles of incorporation and	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: Frank Ripp, Jr.		
PROM: Trank Ripp, 31.	ame (Printed or typed)	
211 Ponkapoag Way	Address	
Indian Harbour Beach, FL 3	32937	
C	ity, State & Zip	
(267) 614-4485		
,	e Telephone number	

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)



CLE I NAME me of the corporation shall be: Avanthi	, Inc.
Principal street address Ponkapoag Way	13 NOV 20 Al Mailing address, if different is: 981 East Eau Gallie Blvd.
ian Harbour Beach, FL 32	937 Suite E MR 23
	Indian Harbour Beach, FL 32937
CLE III PURPOSE urpose for which the corporation is organize	d is: Ownership of intellectual property
	(
ICLE IV SHARES 100 TOLE V INITIAL OFFICERS AND/	
mber of shares of stock is: 100 CLE V INITIAL OFFICERS AND/ Name and Title:	Name and Title:
mber of shares of stock is: 100 CLE V INITIAL OFFICERS AND/ Name and Title:	
mber of shares of stock is: 100 CLE V INITIAL OFFICERS AND/ Name and Title: Address	Name and Title:
Mame and Title: Name and Title:	Name and Title:Address:
Mame and Title: Name and Title:	Name and Title:
Mame and Title: Name and Title: Address Address	Name and Title:

d Title:	Name and Title:	<u></u>
	Address:	
REGISTERED AGENT	the registered agent is:	
·	the registered agent is.	
211 Ponkapoag Way		
Indian Harbour Beach, FL 32937		
INCORPORATOR		
dress of the Incorporator is:		
Frank Ripp JŁ.		
211 Ponkapoag Way		
Indian Harbour Beach, FL 32937		
Required Signature/Registered Agent ment and affirm that the facts stated herein are a Department of State constitutes a third degree felon	istered agent and agree to act in the false informal true. I am aware that the false informal provided for in s.817.155, F.S.	is capacity $ \begin{array}{c} 11/19/13\\ \hline \text{Date} \end{array} $
	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) of Frank Ripp JL. 211 Ponkapoag Way Indian Harbour Beach, FL 32937 INCORPORATOR INCORPORATOR Indian Ripp JL. 211 Ponkapoag Way Indian Harbour Beach, FL 32937 Indian Harbour Beach, FL 32937	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of the registered agent is: Frank Ripp JR. 211 Ponkapoag Way Indian Harbour Beach, FL 32937 INCORPORATOR INCORPORATOR CHIPSES of the Incorporator is: Frank Ripp JR. 211 Ponkapoag Way 211 Ponkapoag Way

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