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| PICK-UP                 | ☐ WAIT             | MAIL        |
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#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 13, 2005

DONNA FONT 24 NW 102ND ST. MIAMI SHORES, FL 33150

SUBJECT: AVALON, INC. Ref. Number: W05000033454

We have received your document for AVALON, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham Document Specialist New Filings Section

Letter Number: 105A00046159

### TRANSMITTAL LETTER

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

| SUBJECT: A               | valon Inc.  |                             |                |  |  |
|--------------------------|---|-----------------------------|----------------|--|--|
|                          | (PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> ) |                             |                |  |  |
|                          |   |                             |                |  |  |
|                          |   |                             |                |  |  |
| Enclosed is an ori       | iginal and one(I) copy of the Artic                     | eles of Incorporation and a | a check for:   |  |  |
| <b>□</b> \$70.00         |   | <b>2</b> \$78.75            | \$87.50        |  |  |
| Filing Fee               | •   | Filing Fee                  | Filing Fee,    |  |  |
| C                        | Certificate of  | & Certified Copy            | Certified Copy |  |  |
|                          | Status  | }                           | & Certificate  |  |  |
|                          |   | ADDITIONAL CO               | PY REQUIRED    |  |  |
|                          |   |                             |                |  |  |
|                          |   | ••                          |                |  |  |
| FF                       | ROM: Donna Font   |                             |                |  |  |
| Name (Printed or typed)  |   |                             | -              |  |  |
|                          | 24 N.W. 102 Street                                      |                             |                |  |  |
| Address                  |   |                             |                |  |  |
|                          |   |                             |                |  |  |
| Miami Shores, FL 33150   |   |                             | _              |  |  |
| City, State & Zip        |   |                             |                |  |  |
|                          | (305) 756-0748  |                             |                |  |  |
| Daytime Telephone number |   |                             |                |  |  |

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

## Donna Font 24 N.W. 102 Street Miami Shores, FL 33150

July 19, 2005

Ms. Wanda Cunningham, Document Specialist New Filings Section Florida Department of State Division of Corporations P.O.Box 6327 Tallahassee, FL 32314

RE: Avalon, Inc.

Donna Font

Ref. Number: WO5000033454

Dear Ms. Cunningham:

In keeping with your July 13th correspondence (copy attached as requested) regarding our earlier filing for Avalon, Inc. and the rejection of that name for our corporation, enclosed is an original and copy of our new Articles of Incorporation under the name of *Echoes of Avalon, Inc.* 

We look forward to receiving approval on this submission and thank you for your courtesies.

Sincerely,

Donna Font

#### ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

#### ARTICLE I NAME

The name of the corporation shall be:

Echoes of Avalon, Inc.

#### ARTICLE II PRINCIPAL OFFICE

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

24 N.W. 102 Street, Miami Shores, FL 33150

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To perform individually, or as a drama troupe, in an historical manner at local Renaissance and Medieval Faires as well as to reinact historical events in classrooms throughout Florida. Also, to hold one or more historical reinactment Faires locally per year in order to raise funds for Echoes of Avalon, Inc., and further educate patrons of all ages.

#### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors shall be appointed by the President of Echoes of Avalon, Inc. after consideration of their service to the corporation.

#### ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Donna Font, 24 N.W. 102 Street, Miami Shores, FL 33150, President Joseph Font, 24 N.W. 102 Street, Miami Shores, FL 33150, Vice President Gloria Breward, 11 N.W. 117 Street, Miami, FL 33168, Secretary/Treasurer Jorell Fanek, 11100 N.W. 59 Court, Hialeah, FL 33012, Corporate Minion

#### ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Gloria Breward, 11 N.W. 117 Street, Miami, FL 33168

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Donna Font, 24 N.W. 102 Street, Miami Shores, FL 33150

| *******                  | **********  | *******   |
|--------------------------|---|---|
|                          | to accept service of process for the above<br>I accept the appointment as registered ag | stated corporation at the place designated ent and agree to act in this capacity. |
| Lloria Br                | uevard  | 7/19/05   |
|                          | loria Breward   | Date  |
| Donna 7                  | ent   | 7/19/05   |
| Signature/Incorporator D | onna Font   | Date  |