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COVER LETTER

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

SUBJECT: Amorican L	paich Auxilianu	. Unit 110 Inc.
(PROPOSI	D CORPORATE NAME – MUSI	INCLUDE SUFFIX)

Enclosed is an original a	nd one(1) copy of the Arti	cles of Incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED

FROM: Elizaboth Abrans
Name (Printed or typed)

8050 Hartor Blvd
Address

Port Crartotto 7L 33952
City, State & Zip

Partime Telephone number

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

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

ARTICLE I NAME	
The name of the corporation shall be: FAMORICON LOGION FUXILIONY,	Onil 110, Tage 11, 11
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporate place of business and mailing address of this corporate place of business. TOOL OF WARDEN: BOTH CHOICE	ion chall ha
ARTICLE III O PURPOSE	1000 B)Vd 33962 7
The purpose for which the corporation is organized is: To contribute to the accomplish	mont of the aims
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed:	J
Auxiliary directors are solvedon	mporship
ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS List name(s), address(es) and specific title(s): Elyzobolth Abroard John Torrodol Gordo, A	-
BOODI FOUL SOI RIVIORA LA BOODI FOUL 5701 ESPINORA BOODIS FOUNT 119 ROVERS ST. BRITISLE VI INITIAL REGISTERED AGENT AND STI	o 7 33948 Vice Resident Ave; north rock 34287 Trascretory Charlotte, 76 33962 Socretory
The <u>name and Florida street address</u> (P.O. Box NOT acceptable	
27506 Tierra del 7000 Circle Porta Octoa 7L 33983 ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is: Elizabeth Advants O7500 Tiokra del Augo Crale Porta Acrda FL 33983	

Signature/Registered Agent	Date 2007
Signature/Incorporator	Date Date