## P0 0000030023

(Proposed corporate name - must include suffix)

ADMIRAL II, INC.

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

SUBJECT:

000003175740--4 -03/20/00--01087--015 \*\*\*\*\*70.00 \*\*\*\*\*70.00

	(x repeased corporate name - must metade sumx)		
Enclosed is an original	al and one (1) copy of the articl	es of incorporation and a	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	DONNA SACCO		
******	Name (Printed or typed)		
	5400 S. UNIVERSITY DRIVE, #403		
٠,	Address A SE		
I	DAVIE, FLORIDA 33328		
	City, State & Zip		FILED IAR 20 PM ETARY OF S WHASSEE, FI
	954-680-4818 SE N		D PM 12: FSTAT
Daytime Telephone number			RIDA TE

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

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## Articles of Incorporation of ADMIRAL II, INC.



ARTICLE I ...NAME

The name of the Corporation shall be:

ADMIRAL II, INC. .

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
10657 WEST ATLANTIC BOULEVARD
CORAL SPRINGS, FLORIDA 33071

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: (ONE HUNDRED) 100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address if the initial registered agent are:

ANGELO RALPH LAVECCHIA 10657 WEST ATLANTIC BOULEVARD CORAL SPRINGS, FLORIDA 33071

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these articles are: DONNA SACCO, C/O 5400 S. UNIVERISTY DRIVE, #403, DAVIE, FLORIDA 33328.

Signature/Incorporator

Date

3-13-2000

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept services 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 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/Registered Agent

Date