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(Re	questor's Name)			
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PICK-UP	MAIT	MAIL		
(Business Entity Name)				
•	·	•		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to I	Filing Officer:			
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# TRANSMITTAL LETTER

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

SUBJECT:AN	OVI INCORPORATED			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
			•	
Emales de se este este	.t., a1 4 (1) C4b (1	1	1 - 1 · 1 · 5 · · ·	
Enclosed are an ong	ginal and one (1) copy of the arti	cies of incorporation and	a a cneck for:	
\$70.00	<b>\$78.75</b>	<b>□</b> \$78.75	<b>☑</b> \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
•	& Certificate of Status	& Certified Copy	Certified Copy	
		**	& Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
PD OVE	LAZARO MANUEL GIL			
FROM:	_	(Printed or typed)	·	
		, ,,		
	P. O. BOX 971397			
	Address			
	MIAMI FL. 33197			
	City,	State & Zip	··	
	(305) 254-9614			
		elephone number	·································	
	Day ante 1	arabours strictions		

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)

FILED

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JECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE I NAME

The name of the corporation shall be:

ANOVI INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P. O. BOX 971397 MIAMI, FLORIDA 33197

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PURCHASE AND SALE OF REAL ESTATE

## ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES OF STOCK

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

LAZARO M. GIL

**IVONA GIL** 

P.O. BOX 971397

P.O. BOX 971397

MIAMI, FL. 33197

MIAMI, FL. 33197

**PRESIDENT** 

**VICE-PRESIDENT** 

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

LAZARO M. GIL 12351 SW 198 ST MIAMI, FL. 33177

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

IVONA GIL P.O. BOX 971397 MIAMI, FL. 33197

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

02/03/03 Date/

> 2/03/03 Data