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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

myavery inc

Signature _____

Requested by: _____

Name

Date

Time

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Will Pick Up _____

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
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- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
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- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607 AND/OR CHAPTER 621, F.S. (PROFIT)

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The Name of the corporation shall be: **MYAVERY, Inc.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**3281 E. Golf Blvd
Unit 26
Pompano Beach Fl. 33064**

ARTICLE III SHARES

The number of shares of stock is: **Five Hundred Shares at One Dollar Par Value**

ARTICLE IV REGISTERED AGENT

The Name and Florida street address of the register agent is:

**Shaun Thomas
3281 E. Golf Blvd
Unit 26
Pompano Beach Fl. 33064**

ARTICLE V INCORPORATOR


The name and address of the incorporator is:

**Shaun Thomas
3281 E Golf Blvd
Unit 26**

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

5/5/03
Date


Signature/Incorporator

5/5/03
Date