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(Requestor's Name)

(Address)

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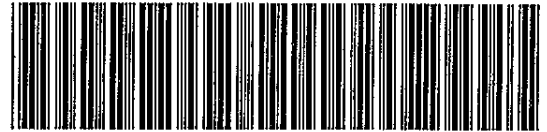
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DAVID C. ROBINSON

Attorney at Law

1326 S. RIDGEWOOD AVENUE, SUITE 6 • DAYTONA BEACH, FLORIDA 32114
(386) 253-8267 • FAX: (386) 258-8649

June 29, 2004

Corporate Records Bureau
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32301

IN RE: Avalon Orchids, Inc.

Dear Sirs:

I am enclosing the original and a photocopy of a proposed Articles of Incorporation for the above entity, the original having been executed by the incorporator. Kindly file the original and provide us with a certified copy.

A check for \$122.50 is enclosed to cover the following costs in this matter:

Filing fee for articles	\$35.00
Filing fee for designation of resident agent	\$35.00
Certified Copy	\$52.50

Your prompt attention to this matter would be appreciated.

Sincerely,



David C. Robinson

DCR/bl
Enc.

ARTICLES OF INCORPORATION

OF

AVALON ORCHIDS, INC.

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE I: NAME

The name of the corporation shall be AVALON ORCHIDS, INC.

The principal place of business of this corporation shall be 53 Warwick Avenue, Ormond Beach, Florida 32174.

ARTICLE II: NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III: CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any time is one hundred (100) shares of common voting stock having a par value of Fifty Dollars (\$50.00) per share.

ARTICLE IV: TERM OF EXISTENCE

This corporation is to exist perpetually. The date and time of commencement of the corporate existence shall be the time these Articles of Incorporation are subscribed and acknowledged if filing with the Department of State of the State of Florida within five (5) days after such date, or, if not so filed within five (5) days, the date and time of such filing with the Department of State.

ARTICLE V: OFFICERS AND DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) are elected, are:

Chad M. Miller
53 Warwick Avenue
Ormond Beach, FL 32174

President

Director

Chad M. Miller
53 Warwick Avenue
Ormond Beach, FL 32174

Secretary

Director

ARTICLE VI: INCORPORATOR

The name and street address of the incorporator to this articles of incorporation is:

CHAD M. MILLER
53 Warwick Avenue
Ormond Beach, FL 32174

IN WITNESS WHEREOF, the undersigned incorporator has executed these Article of Incorporation this 29 day of June, 2004.



Incorporator

STATE OF FLORIDA
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged and sworn to before me this 29 day of June, 2004, by CHAD M. MILLER.



Notary Public

State of Florida at Large

My commission expires:



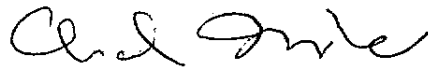
Elizabeth A. Landreville
MY COMMISSION # DD005106 EXPIRES
June 28, 2005
BONDED THRU TROY FAIN INSURANCE, INC.

CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is AVALON ORCHIDS, INC.
2. The name and address of the registered agent and office is:

CHAD M. MILLER
53 Warwick Avenue
Ormond Beach, FL 32174



Corporate Officer

Title: Secretary

Dated: 6/29/04

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.



REGISTERED AGENT

DATED: 6/29/04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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