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COVER LETTER

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

SUBJECT: Avalon Property Management Services, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the ar	ticles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Ruth F. Spencer	ne (Printed or typed)
10382 NW 24th Place, #	
Sunrise, Florida 33322 City	Address V. State & Zip
954-609-0024 Daytime	Telephone number
ruthfvonne@comcast.ne E-mail address: (to be us	et ed for future annual report notification)

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)

ARTICLE I NA The name of the corpor	—— AVALVINERUERI I IV	1ANAG	EMEN	T SERVI	CES, INC	•	
ARTICLE II PRINCIPAL OFFICE Principal street address 6635 W. Commercial Blvd. Suite 112 Tamarac, FL 33319			N	Mailing address, if different is:			
ANY ÂND ALL L	the corporation is organized is: AWFUL BUSINESS				TÄELÄHASSEE, FLI	11 APR 18 PM 3:	Control by
ARTICLE IV SH The number of shares of					03.0	AIE 5	gan 2ª
Name and Title:_ Address: 1	TIAL OFFICERS AND/OR DIRECTOR Ruth F. Spencer, President 0382 NW 24th Place, #306 Sunrise, FL 33322	Name a Addres		· · · · · · · · · · · · · · · · · · ·	> 		
Address: 7	Vonne P. Virtue, Vice President 507 Kimberly Boulevard, #130 North Lauderdale, FL 33068	Name a Address	and Title: s: _				
Name and Title:_ Address:		Name a Address					
The name and Florida	SISTERED AGENT Street address (P.O. Box NOT acceptable) of Yvonne P. Virtue 7507 Kimberly Boulevard, #130 North Lauderdale, FL 33068		ered agent	i is:			
The name and address Name:	CORPORATOR						
this certificate I am fun	registered agent to accept service of process niliar with and accept the appointment as regis conne F. ///	stered age	bove state ent and ag	ed corporation gree to act in	on at the pla this capacity April 15, 2		
I submit this document	Required Signature/Registered Agent and affirm that the facts stated herein are a ment of State constitutes a third degree felony Required Signature/Incorporator				e inform		