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COVER LETTER

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

SUBJECT: Arv	antage GH, Inc. (PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l 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
		ADDITIONAL CO	I I REQUIRED

FROM:	Gerald J. Kirkpatrick
	Name (Printed or typed)
	5200 SW 25th Blvd. Unit 2209
	Address
	Gainesville, FL 32608
	City, State & Zip
	352-256-3341
	Daytime Telephone number
	jerryk2209@aol.com
	E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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Principal street address OO SW 25th Blvd. it 2209- inesville, FL 32608 ICLE III PURPOSE purpose for which the corporation is organized is: neral business. The corporation is auth which it is qualified.	orized to e					6 AM 9: 34
inesville, FL 32608 ICLE III PURPOSE DURPOSE OF Which the corporation is organized is: meral business. The corporation is authorized which it is qualified. ICLE IV SHARES Umber of shares of stock is: 10,000	orized to e	enga	ge in a	any la	स्क्षीरण ३-	9: 34
TCLE III PURPOSE purpose for which the corporation is organized is: neral business. The corporation is auth which it is qualified. TCLE IV SHARES tumber of shares of stock is: 10,000	orized to e	enga	ge in a	any la	स्क्षीरण ३-	<u>4</u>
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number of shares of stock is:						
number of shares of stock is: 10,000						
RTICLE V INITIAL OFFICERS AND/OR DIRECTO						
TICLE V INITIAL OFFICERS AND/OR DIRECTO Gerald J. Kirkpatrick, President and Direct Name and Title:	 Dr	Title.				
5200 SW 25th Blvd	Name and T	rue:		<u> </u>		
Address Unit 2209	Address:					<u>.</u>
Gainesville, FL 32608						***********
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ARTICLE VI	REGISTERED AGENT		9: 34 ORIGINAL ORIGINAL ORIGIN
The <u>name and Fl</u>	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name:	Gerald J. Kirkpatrick		
Address:	5200 SW 25th Blvd. Unit 2209		
	Gainesville, FL 32608		
ARTICLE VII The name and ad	INCORPORATOR Idress of the Incorporator is:		
Name:	Gerald J. Kirkpatrick		
Address:	5200 SW 25th Blvd. Unit 2209		
	Gainesville, FL 32608		
	ned as registered agent to accept service of process im familiar with and accept the appointment as regi	istered agent and agree to act in th	nis capacity
	GIRWINI		11-03-2014
	Required Signature/Registered Agent		Date
I submit this doc document to the l	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	rue. I am aware that the false inj as provided for in s.817.155, F.S.	formation submitted in a
	Gllubrah 1		<u> </u>
	Required Signardie/Incorporator		Date /