## TRANSMITTAL LETTER

## 797000061897

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



SUBJECT: AVATAR Financial Service /ne.

(Proposed corporate name - must include suffix)

9000022

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee

\$78.75 Filing Fee

\$122.50 Filing Fee

\$131.25

& Certificate

Filing Fee, Certified Copy

& Certified Copy

& Certificate

ADDITIONAL COPY REQUESTED

FROM: SUSAN MURPHY- ROGENSK

2070 NE 55 COURT

FT LAMP FL 33308 City, State & Zip

954 - 403 - 3564 Davime Telephone number

JUL 1 7 1997 P. ON-GHOWER

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

## ARTICLES OF INCORPORATION

The undersigned incorporator, for th	e purpose of forming a corporation under the Florida
Business Corporation Act, hereby ad	opts the following Articles of Incorporation.

ARTICLE I NAME	TA ST
The name of the corporation shall be:	FG 5
Avalar Financial Service  ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation.	ion shall be:
2070 55 H Count	86 F 8
2070 55 th Count Ft. Landerdale, FL 333	808
ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to	have outstanding at any one time is:
ARTICLE IV INITIAL REGISTERED AGENT AND The name and Florida street address of the initial registered agent a	
Susao Murphy - Rogenski	
2070 NE 35 CF	
ARTICLE V INCORPORATOR	
	orporation are:
Susan Murphy-Rogenski 2070 ME 55 Ct	
51 (1.14 F1 33308	
The Lover, Fl 33308 Dungley - Roy	0 100
Thereshy - Koy	7-1-97
Signature/Incorporator	Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process f	or the above stated corporation at the place designated in
11 10 . It will meant the appointment as registered agent and a	oree to not in this capacity. I turiner axiee to comply with
the provisions of all statutes relating to the proper and complete perform obligations of my position as registered agent	nance of my duties, and I am jamiliar with and accept the
obligations of my position as registered agent	<b>A</b>
Druger- Koz	7-1-97
Signature/Registered Agent	Date