## P97000100262

Department of State Division of Corporations P. O. Box 6327

Tallahassee, FL 32314 AD Ventures (Inlim. trel USA)
(Proposed corporate name - must include suffix) I reed this A.S. A.P. Enclosed is an original and one(1) copy of the articles of incorporation and a check for : □\$122.50 **\$131.25** \$70.00 Filing Fee, Filing Fee Filing Fee Filing Fee & Certified Copy Certified Copy & Certificate & Certificate ADDITIONAL COPY REQUIRED 6220 Ovensmouth Are # 312 Wordland Hills CA 91367 818 702 - 0536 818 - 375 - 1950 Daytime Telephone number CORRECT article II - and RA name NOTE: Please provide the original and one copy of the articles

BB 11-25-97.

## FILED

## ARTICLES OF INCORPORATION

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The undersigned incorporator, for the purpose of forming a corporation under the Florida LARY OF STATE Business Corporation Act, hereby adopts the following Articles of Incorporation. TALLAHASSEE, FLORIDA

ARTICLE I NAME
ARTICLE I NAME The name of the corporation shall be: AD - Ventures Unlimited USA //nc
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
4312. Hi6+ CANO Are Montoston Bruk, Ga
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS  The name and Florida street address of the initial registered agent are: IAN 5. BLafer
9525 ORANCE Crose Dr # 13 TAMPA, F
33618
ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
6220 oversmowth bre #312
Wordland Hiel, Ga 91367
11/18/57 Simulation 11/18/57
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 for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as pegistered agent

Signature/Registered Agent

Date