TRANSMITTAL LETTER

P98000040851

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

SUBJECT: Au	ranti II	CORP. orporate name - must include	suffix)
	(i Toposed et	-	000025101! -05/04/98011 *****78.75 *
Enclosed is an original	l and one(1) copy of the article	es of incorporation and a	check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM: Lawrence and Barbara Gallagher Name (Printed or typed)			
2074 47th. St. Address			
	Sarasota f	=/, 3423 State & Zip	98 MAY -14
	941-365-13		
Daytime Telephone number			2

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

FILED 1. SECREFARY OF STATE DEVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

98 MAY -4 AM 9: 40

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

ARTICLE I NAME

The name of the corporation shall be:

Avanti II Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2074 47th. St. Sarasota Fl. 34234

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

700

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Lawrence GAllAgher

2014 47th. St.

ARTICLE V INCORPORATOR

SArasota Fl. 34234

The name and address of the incorporator to these Articles of Incorporation are:

Lawrence GAllagher

2074 47th St. Sarasota, FL 34234

Signature/Incorporator

MAY 1st 1998

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 squares relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position is featured agent

Signature/Registered Agent

Date