P98000041998

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

SUBJECT: AVIDA TREDU (Proposed co	OPES TWC. rporate name - must include suffix) ALIGNATION ALIGNA
Enclosed is an original and one(1) copy of the articles \$70.00 \$78.75 Filing Fee & Certificate	of incorporation and a check for: \$\begin{array}{c} \lambda \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
FROM: LOIM MC Name (Pr	ADDITIONAL COPY REQUIRED A, N d R / U
2693 So. Ba	Idwin DRIVE
^-	ddress

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

FILED

ARTICLES OF INCORPORATION

98 MAY -8 PM 2:04

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The name of the corporation shall be: AVI an Reasures, INC.
The name of the corporation shall be: /TV / 8,5 XICCOS DICCO,
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
2693 So. Baldwin Drive
Gallahassee, Fl. 32308
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1 Shake
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
Colm McAindriu
2693 So. Baldu, a DRIVe
521/2harser, Pl. 32308
ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
Colm Mi Aindrio
Johassee, Fl. 32308
15/5/2000 Pl. 32308
20110N 9725-)
Com Mc andin 5/8/98
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 registered agent

Signature/Registered Agent

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