TRANSMITTAL LETTER

98 OCT -8 PM 2: 34

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

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SUBJECT: AD VISORY ASSOCIATES, INC.
(Proposed corporate name - must include suffix)

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

& Certificate

□\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: MELINDA GONZALEZ

Name (Printed or typed)

P.O. BOX 811657 Address

BOCA RATON, FLORIDA 33481 City, State & Zip

(561) 702 - 3368

Daytime Telephone number

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



ARTICLES OF INCORPORATION

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:		
ADVISORY ASSOCIATES, INC.	esta a co	
ARTICLE II PRINCIPAL OFFICE	ration shall be	
The principal place of business and mailing address of this corporate of the second of	4 //\i/ / k//\	P.O.BOX 811657
USINESS: BOCA RATON, FL 33431	ADDRESS:	BOCA RATOM, FL33481
ARTICLE III SHARES The number of shares of stock that this corporation is authorized		
1000		
ARTICLE IV INITIAL REGISTERED AGENT A		DDRESS
The name and Florida street address of the initial registered ager	it are.	-
MELINDA GONZALEZ 2424 N. FEDERAL HWY., SUITE 105	5	
BOCA RATON, FL. 33431		
ARTICLE V INCORPORATOR	<u></u> .	
The name and address of the incorporator to these Articles of	Incorporation are:	

MELINDA GONZALEZ & DONALD J. YUNGBLUTH

(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

2424 N. FEDERALHWY.

Signature/Incorporato