POOD INTULE TER 5709

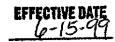
Department of State

CORRECT

DOC. EXAM.

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314				
SUBJECT:	Avalon Aug Proposed corpor	rate name - must include s	suffix)	
		in the state of th	-06	029079581 /17/9901084009 ****70.00 *****70.00
Enclosed is an original and o	ne(1) copy of the article	es of incorporation an	d a check for	
\$70.00 \$7 Filing Fee Filing & Ce		\$78.75 Filing Fee & Certified Copy ADDITIONAL	& Certi Status	Fee, ad Copy ficate of
FROM:	Netanya M	ZWWW/ rinted or typed)		
	5240 Bab	cock St. Suit	te al8_	P 99 JUN 1 SEURETA
	Palm Bay	F1. 33905 State & Zip		FILED HIT AM 7: ARY OF STA
LOYTANYA NEWMAN GAY		+ · 3330 elephone number		7: 17 TAIL ORIDA

 $\label{NOTE:Please provide the original and one copy of the articles.}$



ARTICLES OF INCORPORATION

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

The name of the corporation shall be:

Avalon Audit Inc.

ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX 61029

Palm Bay, Florida 32906-1029

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 A	ND	STREET	ADDRESS

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

Michael Van Deventer 5240 Bakock St Suite 218 Palm Bay FL 32905

INCORPORATOR ARTICLE V

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

P.O. BOX 1010 Lyons, Co. 80540

EFFECTIVE DATE

The effective date for AvalonAudit Inc., is June 15, 1999.

Signature/Incorporator

(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