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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : USACORP INC.
Account Number : I20130000019
Phone : (718)362-4789
Fax Number : (718)408-2550

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: zevbriskman@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
Advance Consolidation INC.**

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Certificate of Status	0
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2023 OCT 31 PM 4:28
STATE
TALLAHASSEE, FL

T. MATTHEWS

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profy)

2023 OCT 31 PM 4:28

ARTICLE I NAME

The name of the corporation shall be: Advance Consolidation INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7450 Dr Phillips Blvd, Ste 310

Orlando, FL 32819

STATE
TALLAHASSEE, FL

Mailing address, if different is:

7450 Dr Phillips Blvd, Ste 310

Orlando, FL 32819

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Business Consulting

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Zev Briskman, CEO

Name and Title:

Address: 7450 Dr Phillips Blvd, Ste 310

Address:

Orlando, FL 32819

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Ahron Vogel
Address: 7064 Northwest 49 Street
Lauderhill, FL 33319

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Zev Briskman
Address: 7450 Dr Phillips Blvd, Ste 310
Orlando, FL 32819

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

/s/ Ahron Vogel 10/31/2023
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

/s/ Zev Briskman 10/31/2023
Required Signature/Incorporator Date