# F04000005342

(Requestor's Name)
(Requesions Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
1
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
<i>J</i> (
Special Instructions to Filing Officer:

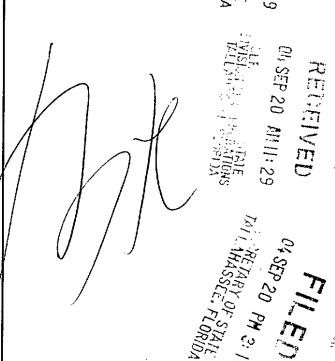




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### TRANSMITTAL LETTER

:		TRANSMIT	TAL LETTER	ASSES TI
TO:	Registration Se Division of Co			S. S. W.
SUBJ	ECT:	Advanced_Supple (Name of corpora	ement Network, In ation - must include suffix)	ON SEP 20 PH 3: 19
Dear S	ir or Madam:			P
"Certi		tion by Foreign Corporation to ce," and check are submitted to orida.		
Please	return all corres	pondence concerning this ma	tter to the following:	
			H. Artman of Person)	DO NOT MAIL!
		Stanhan U	Artman, P.A.	Call Karen to Pick Up:
		Grim/	Company)	878-9966
			lorida Avenue	
		(A	ddress)	
		Lakeland	3. FL 33803	
			te and Zip code)	
For fu	ther information	concerning this matter, pleas	e call:	
_Ste	phen H. Ar (Name of Pers		63 ) 688-5252 ca Code & Daytime Telephor	ne Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		MAILING ADD Registration Se Division of Co. P.O. Box 6327 Tallahassee, FI	ction rporations	
Enclos	sed is a check for	the following amount:		
<b>5</b> \$70	0.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

DO NOT MAIL! Call Karen to Pick Up:

878-9966

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

$\frac{IN}{RI}$	COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO EGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDAD.
1	Advanced Supplement Network, Inc.
٠.	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Horida)
2.	Pennsylvania 3.
	Pennsylvania   3.   (State or country under the law of which it is incorporated)   (FEI number, if applicable)
4.	April 18, 1996 5. Perpetual
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6.	July 1, 2004
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7	3625 Century Blvd., Unit #1, Takeland, FT. 33811 (Principal office address)
,	3625 Century Blvd., Unit #1. Lakeland, FL. 33811 (Current mailing address)
8.	All lawful business (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9.	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
	Name: Stephen H. Artman
Of	fice Address: 925 South Florida Avenue
	Lakeland , Florida 33810 (City) (Zip cod e)
Ha de fui	Registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated corporation at the place signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I rther agree to comply with the provisions of all statutes rel ative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
	SAL DIFFE
	( Registered agent's signature)

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

## A. DIRECTORS

Chairman: _	Paul Burton
	3625 Century Blvd., Unit #1, Lakeland, FL 33811
<del></del>	
Vice Chairma	in:
Address:	
Director:	
B. OFFICE	
	Paul Burton
Address:	3625 Century Blvd., Unit #1, Lakeland, FL 33811
<del></del>	
Vice Presiden	t:
Address:	· · · · · · · · · · · · · · · · · · ·
Secretary:	Paul Burton
Address:	3625 Century Blvd., Unit #1, Lakeland, FL 33811
Treasurer:	
Address:	
NOTE: If n	ecessary, you may attach an addendum to the appli cation listing additional officers and/or directors.
13	_ (Taul Sulon
	(Signature of Director or Officer lis ted in number 12 of the application)
14	(Typed or printed name and capacity of person signing application)
	LI VOCO OF DEDUCO DADIC ADDICTO OF DETSOIL STOTING ADDICATION)

# COMMON WEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

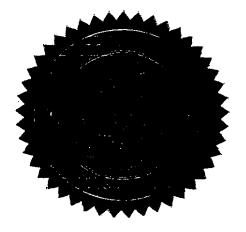
September 15, 2004

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### ADVANCED SUPPLEMENT NETWORK, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Vecho li Contas

Secretary of the Commonwealth