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Office Use Only



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DECRETALY OF STATE ALLAHASSEE FLORINA

## TRANSMITTAL LETTER

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

Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fec & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED
FROM:	Doug Will Name 400 East		
	De (ray E	Beach FC State & Zip	33483
	561-2 Daytime T	79 - 4949 elephone number	

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME  The name of the corporation shall be:	
Atlantic Capital advantage, INC.	
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:	
400 East Linton Blud., Suite G10 Del Cay Beach, FL 33483 ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:  OU lawfull purposes	• • • • • • • • • • • • • • • • • • • •
ARTICLE IV SHARES The number of shares of stock is:	·
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	03 SE TAL
Doug Wiles, Chairman, CEO Same	FIL NAR -7 CRETARY LAHASSE
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	- CST &
Doug Wites 400 East Cinton Blud., Suite G10 Dolray Boach, Fr 33483	UDA TE 414
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Doug Wiles Same	
**************************************	********
Having been named as registered agent to accept service of process for the above stated corporation certificate, I am familiar with and accept the appointment as registered agent and agree to act in this	at the place designated in this capacity
	3/5/03
Signature/Registered Agent	Date
	- 6-1

Signature/Incorporator