

P03000029508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

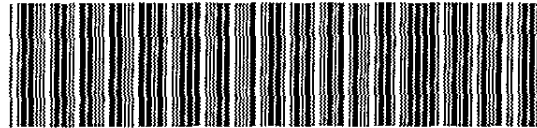
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03-13-02  
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## TRANSMITTAL LETTER

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

**SUBJECT:** Advanced Services of Central Florida, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Jacob R White  
Name (Printed or typed)

1255 Belle Ave Suite # 112  
Address

Winter Springs, FL 32708  
City, State & Zip

407-388-1862  
Daytime Telephone 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:

Advanced Services of Central Florida, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1255 Belle Ave Suite # 112  
Winter Springs, FL. 32708

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to engage in any lawful activity permitted by the laws of this state

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Jacob White, President  
1255 Belle Ave # 112  
Winter Springs, FL. 32708

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Jacob White/Advanced Services of Central Florida, Inc.  
1255 Belle Ave # 112  
Winter Springs, FL. 32708 Seminole County

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Jacob White  
1255 Belle Ave # 112  
Winter Springs, FL. 32708

\*\*\*\*\*  
*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*

Jacob White  
Signature/Registered Agent

2/27/03  
Date

Jacob White  
Signature/Incorporator

2/27/03  
Date