

POS000104396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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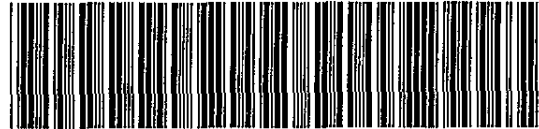
(Business Entity Name)

(Document Number)

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

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

7/27/05  
BWK

## TRANSMITTAL LETTER

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

SUBJECT: ADVANCED MARKET SOLUTIONS, 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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: ROBERT WINER  
Name (Printed or typed)

8824 S.E. OAK GROVE TERRACE  
Address

HOBE SOUND FL 33455  
City, State & Zip

772-545-9395  
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 MARKET SOLUTIONS INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8824 S.E. OAK GROVE TERRACE  
HOBE SOUND FL 33455

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSUMER PRODUCTS SALES AND  
ADVERTISING-MARKETING

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ROBERT WINER (PRESIDENT)  
8824 S.E. OAK GROVE TERRACE HOBE SOUND FL 33455

HILBERT BINDEROW (SECRETARY-TREASURER)  
3757 BRASSIE WAY PALM CITY FL 34990

## ARTICLE VI REGISTERED AGENT

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

ROBERT WINER  
8824 S.E. OAK GROVE TERRACE  
HOBE SOUND FL 33455

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROBERT WINER  
8824 S.E. OAK GROVE TERRACE  
HOBE SOUND FL 33455

\*\*\*\*\*  
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

Signature/Registered Agent

ROBERT WINER

Date

7/21/05

Signature/Incorporator

ROBERT WINER

Date

7/21/05

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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