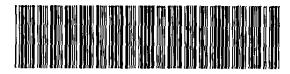
## P05000114300

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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8/17/05 BUK Department of State
 Division of Corporations
 P. O. Box 6327
 Tallahassee, FL 32314

| SUBJECT: ADSTU   NUESTMENTS   NC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) |                                       |  |  |  |
|---|---------------------------------------|--|--|--|
| Enclosed are an orig  | ginal and one (1) copy of the art     |  |  |  |
| \$70.00 Filing Fee  | Filing Fee<br>& Certificate of Status | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | ☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status |  |
| FROM: CLAUDIA REGARI Name (Printed or typed)  1045 Nw 87 Ave Address              |                                       |  |  |  |
| -<br>-  | ,                                     | State & Zip  346-8337  Telephone number            | 33071  |  |

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: ADSTU laugistments, luc. ARTICLE II PRINCIPAL OFFICE 934 No. University Dr. # 126 The principal place of business/mailing address is: Corre Spawes, FC 33071 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: Reac Estate lowest ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): PRESNOCUT - MICHEUE JUMBERY 934 NO. UNIU D. VICE PRESIDENT - CLAUDIA REGAN #126 cons Spanes; F - CLAUDIA REGAT SECRETARY 33071 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: CLAUDIA RECON 1045 NW 87AVE COLAI SPAINAS, FI 33071 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: CLAUDIA REGAN 1045 NW 87 AVE CORAL SPRINGS, FI 33071 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 afcept the appointment as registered agent and agree to act in this capacity Signature/Registered Agent - CLAUDIA REGA

Signature/Incorporator