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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335. : (305)599-0839 Phone : (305)716-0346 Fax Number

FLORIDA PROFIT/NON PROFIT CORPORATION

ADVANCED INTEGRATION SOLUTIONS, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

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9/15/2006

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ARTICLES OF INCORPORATION OF

ADVANCED INTEGRATION SOLUTIONS, INC.

The undersigned, for the purpose of forming a corporation under the FLORIDA GENERAL CORPORATION ACT hereby adopts the following Articles of Incorporation:

ARTICLE ONE NAME

The name of the corporation is: Advanced Integration Solutions, inc.

ARTICLE TWO DURATION

The term of existence of the corporation is perpetual.

ARTICLE THREE PURPOSE

The corporation may transact any and all lawful business for which corporations may be incorporated under the laws of the STATE OF FLORIDA.

ARTICLE FOUR CAPITAL STOCK

The maximum number of shares which the corporation has authority to issue is 100 all of which shall be common shares with a par value of \$1.00

ARTICLE FIVE REGISTERED OFFICE

The street address of the initial registered office of the corporation shall be:

7710 Timberwyck Ct. New Port Richey, FL 34655

The name of the initial registered agent at such address is:

William Ibeli

ARTICLE SIX REGISTERED AGENT ACCEPTANCE

) hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.

William Ibell

ARTICLE SEVEN PRINCIPAL OFFICE

The principal office of the corporation shall be:

7710 Timberwyck Ct. New Port Richey, FL 34655

> ARTICLE EIGHT PRE-EMPTIVE RIGHTS

The shareholders shall have pre-emptive rights.

ARTICLE NINE DIRECTORS

The board of directors of the corporation shall consist of at least one member. The name and address of the initial director of the board is:

NAME: William Ibell

ADDRESS: 7710 Timberwyck Ct.

New Port Richey, FL 34655

SECRETARY OF STA

ARTICLE TEN INCORPORATOR

The name and address of the incorporator is: NAME: William Ibell ADDRESS: 7710 Timberwyck Ct New Port Richey, FL 34655 In witness whereof, I have subscribed my name this 15th Name: William Ibell / Incorporator STATE OF FLORIDA : 55 COUNTY OF PINELLAS : duly authorized in the State and County aforesald to take acknowledgments, personally appeared: William Ibell known by me personally er furnishing the following Identification:- ___ to be the person whose name subscribed, to the within instrument and acknowledged that they executed the same for the purpose therein contained. IN WITNESS WHEREOF, I hereunto set my hand official seal. NOTARY PUBLIC STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES: