## P080000074795

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## **COVER LETTER**

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

SUBJECT:	duanced,		Solutions,	FAIC.
	(PROPOSED CORPORA	TE NAME <u>MUST INC</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: _~	592 ANNE Name	Triedm/	911 	
	4087 Arte	SA DEIO Address	15	
	BOYNTO City,	State & Zip	7/A 436	
	56/- 742- Daytime T	1398 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: Advanced NATURAL SOLUTIONS, INC. PRINCIPAL OFFICE ARTICLE II The principal street address and mailing address, if different is: The purpose for which the corporation is organized is: Scll Head lice Theatment ARTICLE IV SHARES The number of shares of stock is: 1,000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): SUZANE PRIEdMAN President 4187 AFTESA DR. BOYNTON Bch. 7133436 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: SGZANE Triedmany 4187 Artesa DR. 33 BUYTON BCG 71A 436 VII INCORPORATOR The name and address of the Incorporator is: SGZAINE FRIOCHMAN 4187 Antes DR. 33 47618 BCG 714 436

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