P1000143

(Requestor's Name)			
(Ac	ldress)		
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	. WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
		•	

Office Use Only



300209523103

07/05/11--01030--014 **87.50

11 IIII = 5 PH 1: 56

P57/6/11

COVER LETTER

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

Advanced Perception Inc. SUBJECT: (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 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fæ, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Adam Pascale Name (Printed or typed) 10757 sw 104th street Address Miami, Florida 33176 City, State & Zip 305-582-5017

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

adamp@advancedperceptions.net

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

In compliance with Chapte	er 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME Advanced Perce	otion Inc.	
ARTI LE II PRINCIPAL OFFICE		
Principal street address	Mailing addres	s, if different is:
10757 sw 104 street		-•
Miami, Florida 33176	<u>.</u>	
ARTICLE III PURPOSE The number for which the composition is organized is: Services in Graphic Design, Video and Aud	io Production	
The number of shares of stock is 100 ARTICLE V INITIAL OFFICERS AND/OR DIS	-	
Name and Title Adam Pascale, CEO	Name and Title:	
Address: 10757 SW 104 street	Address:	
Miami, Florida 33176		
•		ø
Name and Title:	Name and Title:	= \bar{\bar{\chi}}
Address:	Address:	
		는 <u>무</u>
		-5
		5 038
Name and Title:	Name and Title	2 3 9 5
Address:	Address:	S S
		T AIA
•		56 TIO
ARTICLE VI REGISTERED AGENT		o sks
ARTICLE VI REGISTERED AGENT The <u>name and Florida</u> street address (P.O. Box NOT acco	entable) of the registered agent is:	
Name: Adam Pascale	complete of the registered agent io.	
Address: 10757 SW 104th Street		
Miami, Florida 33176		
,a,		
ARTICLE VII INCORPORATOR	•	
The name and address of the Incorporator is:		
Name: Adam Pascale		
Address: 10757 SW 104th Street		
Miami, Florida 33176		
	of for the above stated companying	on at the place designated in
		this capacity
	ent as registered agent and agree to act in	this capacity 5/5/2011
	ent as registered agent and agree to act in	- •
his certificate, I am familiar feith and accept the appointm J. J. Required Signature/Registered A	ent as registered agent and agree to act in	5/5/2011 Date
his certificate, I am familiar with and accept the appointm Required Signature/Registered A submit this document and affirm that the facts stated h	ent as registered agent and agree to act in gent gent erein are true. I am aware that the false	5/5/2011 Date information submitted in a
his certificate, I am familiar with and accept the appointm Required Signature/Registered A submit this document and affirm that the facts stated h	ent as registered agent and agree to act in gent gent erein are true. I am aware that the false	5/5/2011 Date information submitted in a
Having been named as registered agent to accept service this certificate, I am familiar with and accept the appointm Required Signature/Registered A submit this document and affirm that the facts stated had document to the Department of State constitutes a third department to the Department of State constitutes as the state of the state of the Department of State constitutes as the state of t	ent as registered agent and agree to act in gent gent erein are true. I am aware that the false	5/5/2011 Date information submitted in a