

AUG-01

MON 01:01 PM

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

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Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
ADVANCE TOTAL SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

T. Burch AUG 01 2011

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

**ARTICLE I NAME** ADVANCE TOTAL SERVICES, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
9550 SW 92 ST  
MIAMI, FL 33176

Mailing address, if different is:

9550 SW 92 ST  
MIAMI, FL 33176

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
ANY AND LAWFULL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 500 SHARES TO \$ 1.00 EACH

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: LAZARO MUSE AS PRESIDENT  
Address: 9550 SW 92 ST  
MIAMI, FL 33176

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: LAZARO MUSE  
Address: 9550 SW 92 ST  
MIAMI, FL 33176

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LAZARO MUSE  
Address: 9550 SW 92 ST  
MIAMI, FL 33176

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

\_\_\_\_\_  
Required Signature/Registered Agent

07/28/11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

\_\_\_\_\_  
Required Signature/Incorporator

07/28/11

Date

FILED  
2011 AUG - 1 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA