P1200004002

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

Office Use Only



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W200021901

COVER LETTER

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

SUBJECT: Advanced Marine Syst	ems inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation an	nd a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
	<u> </u>	
FROM: Lawrence J. Miller		***************************************
Name	(Printed or typed)	
2461-4 East Aragon Blvc	ddress	
Sunrise Florida 33313 City,	State & Zip	
954 655 6349 Daytime To	elephone number	
Lawrence.Miller62@att.n E-mail address: (to be used	et I for future annual report	notification)

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



MECEIVED

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FLORIDA DEPARTMENT OF STATE Division of Corporations

THE ISLEN OF BURFORALIONS

April 20, 2012

LAWRENCE J. MILLER 2461 4 EAST ARAGON BLVD SUNRISE, FL 33313

SUBJECT: ADVANCED MARINE SYSTEMS INC.

Ref. Number: W12000021901

We have received your document for ADVANCED MARINE SYSTEMS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 712A00012255

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

The name of the o	Advanced Marir	ne Carac	
The name of the c	corporation shall be.	COMPLIANCE	INC.
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing	g address, if different is:
	2461-4 East Aragon Blvd		
	Sunrise	<u> </u>	
	Florida 33313		
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
	l Corporation.		
	,		
ARTICLE IV			
The number of sh	ares of stock is: 100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRE	CTORS	
Name and	Title:Lawrence Miller (COO)	Name and Title:	
Address:	2461-4 East Aragon Blvd	Address:	
	Sunrise		
	Florida 33313		
Nama and T	Pisto.	Manager of Title	
Name and I	Γitle:	Name and Title:	
Address:			
	-		
Name and T	Title:	Name and Title:	
Address:	Address:		
			
	REGISTERED AGENT		
	orida street address (P.O. Box NOT accepta	able) of the registered agent is:	
Name:	Lawrence Miller		
Address:	2461-4 East Aragon Blvd		≒
	Sunrise, Florida 33313		→
ARTICLE VII	INCORPORATOR		A SS
	Idress of the Incorporator is:		
Name:	Lawrence Miller		ي و
Address:	2461-4 East Aragon Blvd		<u> </u>
	Sunrise, Florida 33313		
			- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ned as registered agent to accept service of p		
his certificate, I a	im familiar with and accept the appointment	as registered agent and agree to	o act in this capacity — 📜 📜
			1 101 0010
	Paguined Signature (Decistored A co		April 16th 2012
	Required Signature/Registered Age	iit.	Date
submit this doc	ument and affirm that the facts stated here	in are true. I am aware that th	ne false information submitted in a
locument to the L	Department of State constitutes a third degree	e felony as provided for in s.817.	155, F.S.
			•
	mm/m		April 16th 2012
	Required Signature/Incorporator	 	Date