

P/2000092983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/01/12--01015--004 **157.50

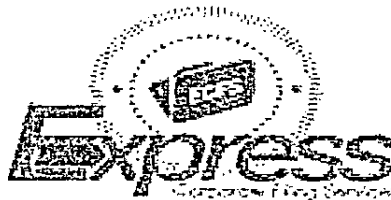
RECEIVED
DEPARTMENT OF STATE
12 NOV - 1 AM 10:59

[Handwritten signature]
11/8

SECRETARY OF STATE
11/1/12 10:10 AM

2012 NOV - 7 P 5:15

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1000 Ponce de Leon Blvd. Suite: 105
Coral Gables, FL 33134
Phone: 305-444-4994
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Advance Locksmith, Inc
(CORPORATE NAME) (DOCUMENT #)

2. _____
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: _____

☒ Certified Copy

☐ Certificate Of Status

New Filings	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
12 NOV -7 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 2, 2012

EXPRESS

SUBJECT: ADVANCE LOCKSMITH, INC.
Ref. Number: W12000055861

We have received your document for ADVANCE LOCKSMITH, INC. and your check(s) totaling \$157.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 312A00026744

AFFIDAVIT

I, EDDY ORTIZ, FORMER PRESIDENT/DIRECTOR OF
ADVANCE LOCKSMITH, INC., P08000010982, HEREBY
STATE THAT I HAVE NO INTENTIONS OF REVOCATING THE
DISSOLVED CORPORATION AND THEREFORE RELEASE THE
NAME TO ADVANCE LOCKSMITH, INC.

Eddy Ortiz 10/30/12
EDDY ORTIZ

STATE OF FLORIDA
COUNTY OF DADE

Iraida R. Brouwer 10/30/12
NOTARY PUBLIC

SEAL



IRAIDA R. BROUWER
MY COMMISSION # DB 988391
EXPIRES: March 7, 2014
Bonded Thru Budget Notary Services

SECRETARY OF STATE
JULIAN R. GARCIA
TALLAHASSEE, FLORIDA

2012 NOV -7 P 5:16

FILED

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: ADVANCE LOCKSMITH, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

134 West 6 Street

#1

Hialeah, Fl. 33010

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDDY ORTIZ DIRECTOR & PRESIDENT

Address: 134 WEST 6 STREET #1

HIALEAH, FL 33010

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: EDDY ORTIZ

Address: 134 WEST 6 STREET #1

HIALEAH, FL 33010

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EDDY ORTIZ

Address: 134 WEST 6 STREET #1

HIALEAH, FL 33010

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

10/30/12
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

10/30/12
Date

FILED
2012 NOV -7 P 5:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA