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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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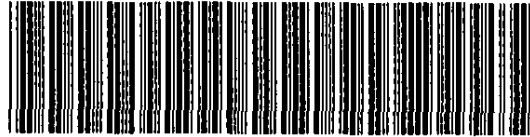
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUN -5 PM 4:02

Ps 6/6/13

## COVER LETTER

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

SUBJECT: Advanced Supply Concepts, Inc.

(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 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Arnold Heredia

Name (Printed or typed)

3150 Pizzaro Place

Address

Clermont, FL 34715

City, State & Zip

352-241-0793

Daytime Telephone number

alh717@msn.com

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

**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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: Advanced Supply Concepts, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3150 Pizzaro Place

Clermont FL 34715

Mailing address, if different is:

ADVANCED Supply Concepts Inc

13900 County Road 455

Suite 107-142

CLERMONT, FL. 34711

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Providing client businesses with procurement and  
procurement strategies as well as office resources inclusive of personnel.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Arnold Heredia

Name and Title: President

Address 3150 Pizzaro Place

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

Clermont FL 34715

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

13 JUN -5 PM 4: 02

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Arnold Heredia  
Address: 3150 Pizzaro Place  
Clermont FL 34715

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Arnold Heredia  
Address: 3150 Pizzaro Place  
Clermont, FL 34715

*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  
Date 5/26/13

*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  
Date 5/26/13