

P150000/5576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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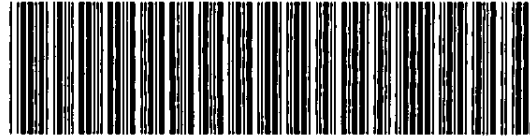
(Business Entity Name)

(Document Number)

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

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FILED  
15 FEB 13 AM 7:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 17 2015  
S. GILBERT

## COVER LETTER

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

SUBJECT: **ADVANCED EXPRESS, 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: **ADVANCED EXPRESS, INC.**

Name (Printed or typed)

**233 TRESKA ROAD**

Address

**JACKSONVILLE, FL 32225**

City, State & Zip

**904/722-8945**

Daytime Telephone number

**eugenepaly@yahoo.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)

**ARTICLE I NAME**

The name of the corporation shall be: **ADVANCED EXPRESS, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**233 TRESKA ROAD**  
**JACKSONVILLE, FL 32225**

**FILED**  
**15 FEB 13 AM 7:39**  
Mailing address, if different is:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES 1000**

The number of shares of stock is:

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

Name and Title: **EUGENE PALY, PRESIDENT**

Address **233 TRESKA ROAD**  
**JACKSONVILLE, FL 32225**

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

(conti.)

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: TATYANA PALY  
Address: 233 TRESKA ROAD  
JACKSONVILLE, FL 32225

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: EUGENE PALY  
Address: 233 TRESKA ROAD  
JACKSONVILLE, FL 32225

*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*

Tatyana Paly 02/10/2015  
Required Signature/Registered Agent 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.*

Eugene Paly 02/10/2015  
Required Signature/Incorporator Date