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SECRETARY OF STATE
HALL AND ASSOCIATES, P.A.
TALLAHASSEE, FL 32310

2/25/15

COVER LETTER

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

SUBJECT: Advanced Trim Services, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Joseph D. Lewis

Name (Printed or typed)

140 N.E. 52nd Avenue

Address

Ocala, FL 34470

City, State & Zip

352-427-9394

Daytime Telephone number

advancedtrimservices@gmail.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 Trim Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

140 N.E. 52nd Avenue

Ocala, FL 34470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful business

ARTICLE IV SHARES 100

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph D. Lewis, President

Address: 140 N.E. 52nd Avenue
Ocala, FL 34470

Name and Title: _____

Address: _____

Name and Title: Joseph D. Lewis, Secretary

Address: 140 N.E. 52nd Avenue
Ocala, FL 34470

Name and Title: _____

Address: _____

Name and Title: Joseph D. Lewis, Treasurer

Address: 140 N.E. 52nd Avenue
Ocala, FL 34470

Name and Title: _____

Address: _____

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CLERK OF STATE
ALLIANCE

(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: Joseph D. Lewis

Address: 140 N.E. 52nd Avenue

Ocala, FL 34470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph D. Lewis

Address: 140 N.E. 52nd Avenue

Ocala, FL 34470

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

Joseph D. Lewis
Required Signature/Registered Agent

02/13/2015

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.

Joseph D. Lewis
Required Signature/Incorporator

02/13/2015

Date