

PIS000028590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

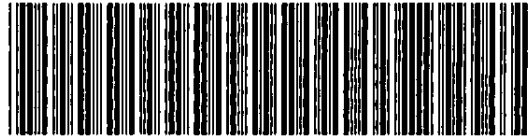
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/25/15--01011--008 **78.75

STATE OF FLORIDA
TALLAHASSEE

15 MAR 25 PM 1:18

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COVER LETTER

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

SUBJECT: Advanced Insulation 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: Greg Russell

Name (Printed or typed)

8 C Street

Address

St. Augustine, FL, 32080

City, State & Zip

904 660 9004

Daytime Telephone number

russellgreg@bellsouth.net

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 Insulation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

110 Marshall Circle

St. Augustine, Fl. 32086

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Earn a profit by providing and the installing
of various types of insulation products for the residential and commercial market .
We will also educate our customer in regards to these products and
energy efficiency.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Greg Russell President

Name and Title: _____

Address 8 C Street

Address: _____

St. Augustine, Fl. 32080

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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STATE OF FLORIDA
TALLAHASSEE

(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: Greg Russell

Address: 8 C Street

St. Augustine, Fl.

ARTICLE VII INCORPORATOR

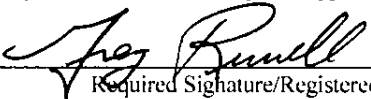
The name and address of the Incorporator is:

Name: Greg Russell

Address: 8 C Street

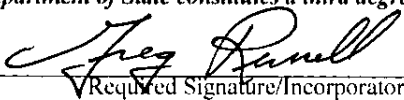
St. Augustine, FL.

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

3/22/15
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

3/22/15
Date

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TALLAHASSEE FLORIDA