

P17000099635

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

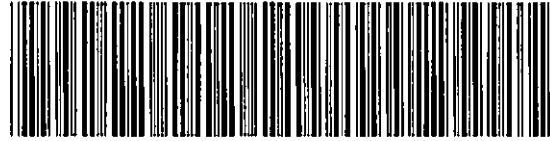
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DEC 19 2017



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 11, 2017

PAUL CLINE  
658 63RD AVE S  
ST. PETERSBURG, FL 33705

SUBJECT: ADVANCED IDEAS, INC  
Ref. Number: W17000097649

We have received your document for ADVANCED IDEAS, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

The registered agent must sign accepting the designation.

Please return 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.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 017A00024941

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TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: ADVANCED IDEAS, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: PAUL CLINE  
Name (Printed or typed)

658 63<sup>RD</sup> AVE S  
Address

St. Petersburg, FL 33705  
City, State & Zip

727 - 865 - 0956  
Daytime Telephone number

PAULCLINE7@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 IDEAS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

658 63<sup>rd</sup> AVE S.  
ST. PETERSBURG, FL 33705

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Online retail sales

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAUL S. CLINE - CEO Name and Title: \_\_\_\_\_

Address: 658 63<sup>rd</sup> AVE S Address: \_\_\_\_\_

ST. PETERSBURG, FL  
33705

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

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

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: PAUL CLINE  
Address: 658 63<sup>RD</sup> AVE S.  
ST. PETERSBURG, FL 33705

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PAUL J. CLINE  
Address: 658 63<sup>RD</sup> AVE S  
ST. PETERSBURG, FL 33705

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TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1-1-18 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

PAUL CLINE  
Required Signature/Registered Agent

12-16-17  
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.*

PAUL J. CLINE  
Required Signature/Incorporator

12-8-17  
Date