

02/22/2018

15:25

0052761440

LAZARUS CORPORATE

PAGE

81/03

P18000017601

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000060749 3)))



H180000607493ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
FLORIDA DEPARTMENT OF STATE
18 FEB 22 PM 4:11

FLORIDA PROFIT/NON PROFIT CORPORATION
AA ADVANCED, Corp

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

N. SAMS

FEB 23 2018

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

2018 FEB 22 PM 3:50

RECEIVED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: AA ADVANCED, CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address4803 NW 7TH STREETBUILDING 14 APT # 108MIAMI, FL 33126

Mailing address, if different is:

4803 NW 7TH STREETBUILDING 14 APT # 108MIAMI, FL 33126**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ALBIRAM LORENZO HERRERAAddress PRESIDENT4803 NW 7TH STREET BLDG 14APT #108 MIAMI, FL 33126

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

H18000060749

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: ALBIRAM LORENZO HERRERA
Address: 4803 NW 7TH STREET BLDG 14 APT 108
MIAMI, FL 33126

18 FEB 22 PM 4:11
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALBIRAM LORENZO HERRERA
Address: 4803 NW 7TH STREET BLDG 14
APT 108 MIAMI, FL 33126

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/22/2018 (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.

Required Signature/Registered Agent

02/22/2018

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

02/22/2018

Date

H18000060/49