

P19000093144

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

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12/17/19--01005--006 **87.50

19 DEC 17 AM 10:51

2019 DEC 17 AM 11:04
HALL COUNTY CLERK'S OFFICE
CLERK OF SUPERIOR COURT

COVER LETTER

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

SUBJECT: TONY'S ADVANCE 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

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

FROM: TONY'S ADVANCE SERVICES INC
Name (Printed or typed)

2530 MICHIGAN AVE STE 1
Address

KISSIMMEE, FL 34744
City, State & Zip

321-624-0340
Daytime Telephone number

LITDIPLAN4U@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: TONY'S ADVANCE SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

DIXIE MARTINEZ
2530 MICHIGAN AVE KISSIMMEE FL
Suite D 34744

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL TYPE LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DIXIE MARTINEZ - P. Name and Title: _____

Address: 2530 MICHIGAN AVE Address: _____

Suite D

KISSIMMEE, FL 34744

Name and Title: ANTONIO A. MARTINEZ SET Name and Title: _____

Address: 2781 RIALTO CT Address: _____

KISSIMMEE, FL 34746

Name and Title: ANGEL ROMAN ~~SET~~ SC Name and Title: _____

Address: 203. S. Clyde Ave Address: _____

KISSIMMEE, FL 34746

FILED
201 DEC 17 AM 11:04
CLERK
KISSIMMEE, FL

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: Angel Roman
Address: 203 S. Clyde Ave
Kissimmee FL 34746

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Dixia Martinez
Address: 2530 Michigan Ave STE D
Kissimmee, FL 34744

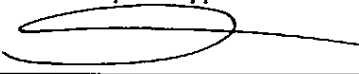
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/17/19. (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

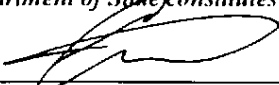


Required Signature/Registered Agent

12/17/19

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

12/17/19

Date