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Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : TAX S PRO CORP
Account Number : 120200000147
Phone : (786)307-2733
Fax Number : (954)420-7118

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

Email Address: INFO@TAXSPRO.COM.

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FLORIDA PROFIT/NON PROFIT CORPORATION ADVANCED 3D TECHNOLOGIES US INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2021 APR 22 PM 2:27
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: ADVANCED 3D TECHNOLOGIES US 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: TAX S PRO CORP
Name (Printed or typed)
8030 PINES BLVD
Address
PEMBROKE PINES , FL 33024
City, State & Zip
786-307-2733
Daytime Telephone number
INFO@TAXSPRO.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 3D TECHNOLOGIES US INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

4300 SHERIDAN ST APT 108
HOLLYWOOD , FLORIDA 33021

4300 SHERIDAN ST APT 108
HOLLYWOOD , FLORIDA 33021

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:	<u>P</u>	Name and Title:	_____
	<u>ORTEGA CHIRINOS VICTOR EDUARDO</u>		_____
Address:	_____	Address:	_____
	<u>4300 SHERIDAN ST APT 108</u>		_____
	<u>HOLLYWOOD , FL 33021</u>		_____

Name and Title:	<u>VP</u>	Name and Title:	_____
	<u>RENTERIA MOSQUERA , JESSICA</u>		_____
Address:	_____	Address:	_____
	<u>4300 SHERIDAN ST APT 108</u>		_____
	<u>HOLLYWOOD , FL 33021</u>		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

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: TAX S PRO CORP

Address: 8030 PINES BLVD

PEMBROKE PINES , FL 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANWAR PUELLO

8030 PINES BLVD,

Address: PEMBROKE PINES , FL 33024

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/22/2021 (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:

ANWAR PUELLO

Required Signature/Registered Agent

04/22/2021

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

04/22/2021

Date