

P220000094451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

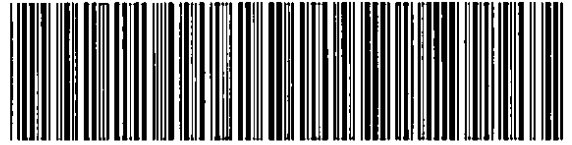
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Handwritten signature/initials

12/29/22--01011--005 **37.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____

ADAS PROS ,INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5753 HWY 85 N #2646

CRESTVIEW ,FL 32536

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AN ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: _____

1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____

Cain Smith , President

Name and Title: _____

Address _____

5753 Hwy 85 N Suite 2646

Address: _____

Crestview ,Fl 32536

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, 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: _____

Cain Smith

Address: _____

5753 HWY 85 N #2646

Crestview FL, 32536

ARTICLE VII INCORPORATOR

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

Name: _____

Cain Smith

Address: _____

5753 HWY 85 N #2646

Crestview FL, 32536

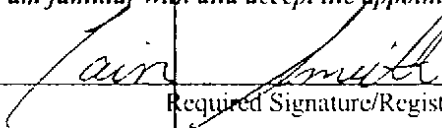
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12-26-2022 (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:

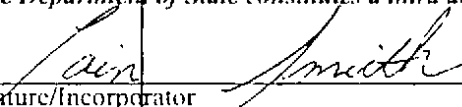


Required Signature/Registered Agent

12-26-2022

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

Date

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