PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | RPORATION STATEMENT | | Ka Se | EPARTMEN atherine Har ecretary of St on of corpor | ris ate | E,A | SECRETARY TALLAHASSE 01 SEP 27 | OF STATE E. FLORID | | |
|--------------------------------------|--|----------------------|-----------------------|--|---------------------|---------------------------------------|--|------------------------------------|----------------|--|
| DOCI | JMENT # | 97000 | 0598 | 13 | r | | Ol ori E. | , | | |
| AD | VANCED F | III Seri | ICE RE | ealty, | Inc | | · | | | |
| 2. Princins | al Office Address_ | | _3_, Mailing Offi | co Address | الرائية والمارية | | مبدست وخنانات سيناهدو ستتخرب والعار | ہے ہے۔ | <u>-</u> 2 207 | |
| | | | -Same- | | | PRODuce 2 to an in a | * ኤርምኔ ሥ ፋ <i>በሚ</i> ር | | . 1 | |
| 1843 US 27 North Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | REIN | REMUMICINEMIO | | | |
| | ., 0 | | | | | | porated or Qualified | | | |
| City & State | | | City & State | | | To Do Bus | iness in Florida | -5-9 | | |
| Sebr | , | 1 | FloRE |) | | 5. FEI Numbe | | | For | |
| Zip | Counts | <u>`</u> | Zíp | Count | у | | 50765578 | J | Applicable | |
| zip 338 | 170 6 | isa · | • | | * | 6. CERTIFICATI | E OF STATUS DESIRED 🔲 | \$8.75 Additional for a Certificat | | |
| <u> </u> | 1 | | 7 Na | ma and Address | of Current Dani | atoma Amont ' | | | | |
| | 7. Name and Address of Current Registered Agent | | | | | | | | | |
| | RONNIE T CARTER SR | | | | | | .0000462 | t 2951 | i 8 | |
| | Street Address (P.O. Box Number is Not Acceptable) | | | | | | -10709701 | 01011- | 011 | |
| | 1843 US 27 NORTH | | | | | | ****750. | []]] **** | 50.00 | |
| | Suite, Apt. #, Etc. | | | | ·tr | | | | Į. | |
| | -City, | | 7 3,62 | | | | State 2ip Code | | 1 | |
| | Sebr | 1NG | | | | | FL 3387 | 70 | | |
| 8. 1 being | | | e named comora | tion, am familiar w | ith and accept th | ne obligations of sect | ion 607.0505 or 617.0503, | F.S. | | |
| Signature of Registered | | nu T. | Carty GISTERED AGE | VT MUST SIGN | | | • | 5.01 | - | |
| 9. Names | and Street Addresses | of Each Officer and | or Director (Florid | ia nonprofit corpo | rations must list a | at least 3 directors) | | | | |
| Titles | Name of Street Address of | | | | | | City / | State / Zip | | |
| | Office | ers and/or Directors | | UI | ficer and/or Dire | ector | | | _ | |
| Pes | RONNIET | Carter | SR | 1843 6 | 15 27 | N | SebeNG | F1 3 | 3 <u>870</u> | |
| | | | | | | | | | | |
| | 11 | | | | | | | | | |
| | | | | | | | <u> </u> | | | |
| - | - | , | | | ٠٠. س | ا الريوية <u>سينيت</u> الانتياب ال | | | | |
| 6 . | | | | ····· | | | | | | |
| ٠ | | | | | | | | | ` | |
|) | - | | | | | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | | _= | <u>L</u> | | | |
| | | | | | | | apter 607 or 617, F.S. I furti | | | |
| owed t | y the corporation have | been paid and the r | names of individua | ils listed on this fo | m do not qualify | for an exemption und | s of section 607.0401 or 61 der section 119.07(3)(i), F.S | | | |
| on this | application is true and | accurate, and my si | gnature shall have | the same legal e | fect as if made u | inder oeth. | | | | |
| | /4 | 1 -1 | t 1 | | 0 | T M. 1 | CA CAF | A 015 : | 205 1111 | |
| SIGNA' | | MCL / CL | NEW AN | CONING OFFICER OF | CONNIE | 1. CARTER | SR 9.25. | Daytime Phone # | 1911.19 | |
| | 2.01.01 | | | | | | | | | |