320 S.W. 87th AVENUE (Address) \*\*\*\*\*78.75 \*\*\*\*\*78.75 MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) 2. (Corporation Name) (Document #) (Corporation Name) (Document #) 4. (Corporation Name) (Document #) Pick up time Walk in Certified Copy Will wait Mail out Photocopy Certificate of Status **NEW FILINGS** AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limiஞ்சூiability Change of Registered Agent Domestication Dissolution/Withdrawal Other 2 Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Angual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials CR2E031(9/92)

## Date MAY 11, 1998

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

i alianassee, Fl. 323 i	.4	
Re	CORP 2000, INC.	, Inc.
	(name of corporation)	
Gentlemen:		
Enclosed please find check in the amount	the original and one copy of Articles of Incorpor of \$	ation, together with r
This represents the cree for Registered A	cost of the Filing Fees, Certified Copy of Articles agent Designation for the above named corporation	of Incorporation and on.
	Very truly yours,	
	•	
	· (individe	ıai's name)
	CORP.2000, INC.	
	(name o	f corporation)
	. MAILING ADDRESS O	F CORPORATION ———
,	851 MERIDIAN AVE,	STE .23
	MIAMI BEACH, FLO	RIDA 33139
	рн	one
	( 305 ) <u>534–52</u> Area Code Phone Numbo	



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 13, 1998

LAZARUS .

MIAMI, FL

SUBJECT: CORP 2000, INC. Ref. Number: W98000010876

We have received your document for CORP 2000, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 898A00026541

# $\underset{\text{of}}{\underline{\textit{ARTICLES OF INCORPORATION}}}$

		<u>ADVA</u>	NÇED BUŞ	SINESS, C	ORP.	·		
		(	name of corpo	ration)				
	ned subscriber(s) to the ration under the laws			ion, natural per	rson(s) cor	npetent to c	ontract, h	
The name of	the corporation is:	ARTICL	E I - CORPC	RATE NAME	ī		CRET	98 MAY   14 PH 3: 38
1 110 110110 01	the corporation is.	NESS, COR	RP.	·	ARY	=		
			ICLE II - DU				of s	သ
This corpora	tion shall exist perpet	ually unless o	dissolved acco	rding to Florid	a law.		ORIT ORIT	ဋ္ဌ
			ICLE III - P				Þ.	
	ion is organized for thates and the State of I		engaging in a	iny activities or	r business	permitted u	nder the la	aws of
The corporate Dollar(s) (\$_	ion is authorized to is:	sue FIVE	HUNDRED	TAL STOCKshares ( ock, which sha	500 Ill be desig	, 🕶		res".
The street add	ARTICLE ress of the Initial Reg			ED OFFICE e name of the l			nt at that o	office is
NAME								
ļ <del></del>	HERIBERTO E. J							
ADDRESS	851 MERIDIAN A	AVE., STE				00100		
CITY	MIAMI BEACH		STATE	FLORIDA	ZIP	33139		
The principa	l office, if known, or t	he mailing a	ddress of the	corporation is:				
NAME	ADVANCED BUS	TNESS.	CORP.		***			
ADDRESS	851 MERIDIAN A							
CITY	MIAMI BEACH		STATE	FLORIDA	ZIP	33139		
directors may	ART tion shall have y be either increased ond addresses of the in	TWO or diminished	from time to	time by the By	ctors initi -Laws, bu	ally. The nu t shall be les		ne (1).
NAME	HERIBERTO E. J	IIMENEZ	PRES	LDENT				
ADDRESS	851 MERIDIAN A	AVE., STE	23					
CITY	MIAMI BEACH		STATE	FLORIDA	ZIP	33139		
NAME	CLARA A. SOTO	LONGO	SECRET.	ARY				
ADDRESS	851 MERIDIAN A	AVE., ST	E 23				-	
CITY	MIAMI BEACH		STATE	FLORIDA	ZIP	33139		
NAME	<del>,</del>							
ADDRESS							· — <del>· · · · ·</del>	
CITY		·· <del>·····</del>	STATE	-	ZIP			

#### Article VII - INCORPORATORS

i ne na	mes and addresses of the inc	corporators signing	these Articles	it incorporation	n are as iollows:
NAME	HERIBERTO E. JIME	NEZ			
ADDRESS	851 MERIDIAN AVE	., STE 23			
CITY	MIAMI BEACH	STATE	FLORIDA	ZIP 331	39
NAME					
ADDRESS					
CITY		STATE		ZIP	
NAME	· · · · · · · · · · · · · · · · · · ·		10 Table 10		
ADDRESS					
CITY		STATE		ZIP	
IN WITNESS day of	WHEREOF, the undersigne MAY	d subscriber (s) ha , 19 <u>98</u>	ye executed the	se Articles of I	(Seal)
STATE OF I		)			(Seal)
COUNTY O	F MIAMI-DADE	SS )			
before me, a personally a	Notary Public authorized to ppeared: HERIBERT	O E. JIMENEZ			
HEnresh Jeneire.			L DL #J552	<u>-325-60-09</u> Form of Identificati	
	· <b>v</b>				
	Signature			Form of Identificati	on
known to me and k me that of the above named		ted the foregoing Articles e articles of Incorporation each name, and that an	s of Incorporation, w		efore
OFFIC NOTARY PL	CIAL NOTARY SEAL JORGE BANOS JBLIC STATE OF FLORIDA HISSION NO. CC610953 MISSION EXP. JAN. 14,2001	Witness my hand 1 I  Notary Signiture	d and official seal in day of	may ios ?	

Primed Notary Signiture

### CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

### CERTIFICATE OF REGISTERED AGENT OF

ADVANCED BUSINESS, CORP.	
(name of corporation)	
Discovery to Floride Statistics Sections 48 001 and 607 0501, the following is submitted:	

The above of	corporati	on, desiring	to organize u	inder the la	ws of the Stat	te of Florida with	h
_			AVE., STE	-	<u></u>	<u>.</u>	
	MIAMI	BEACH,	FLORIDA	33139			
has named	Н	ERIBERTO	E. JIMEN	EZ	-		

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

#### **ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

H. Erres do Juneia. (Jegistered agent)

98 MAY 14 PM 3: 38

FORM 215: CERTIFICATE & ACKNOWLEDGEMENT REGISTERED AGENT

PAGE 3