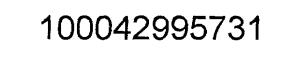
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 29, 2004

PIETRO ABRAHAM 2317 CHICORY DR. CHARLOTTE, NC 28213

SUBJECT: A & P LTD. CORPORATION

Ref. Number: W04000047375

We have received your document for A & P LTD. CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return 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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 104A00071871

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DAP LTD CORPORATION (Name of corporation - must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following: PETR O Abraham (Name of Person)	
A &P LTD COPPORATION (Firm/Company)	
2317 Chicary Dr	
Charlotte vc 28213 (City/State and Zip code) For further information concerning this matter places calls	
For further information concerning this matter, please call:	
Petro Abraham at (704) 309 1611 (Area Code & Daytime Telephone Number)	_
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee	

APPLICATION BY FOREIGN CORP RATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. A&P LTD CORPORATION		
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")		
me., co., corp, me, co, or corp.)		
POINT MOST 9AGE CONDOCATION		
(If name unavailable in Florida, enter alternate corporate name dopted for the purpose of transacting business in Florida)		
2. NORTH CAROLINA (State or country under the law of which it is incorporated) 3. 56 -22022 4 6 (FEI number, if applicable)		
(State or country under the law of which it is incorporated) (FEI number, if applicable)		
4. 7-18-2000 5. DERPETUAL		
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6 (PON 9UA) FICATION		
6. UPON 9UALLTICATION		
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)		
2317 Chicary Dr Charlotte MC 28213		
(Principal office address)		
SAME ABOVE FE	2005 JAN -7	
(Current mailing address)	JA	
ASS SECTION AND ASS SECTION AND ASS SECTION ASSESSED.	₹.	
8 MONTSAGE & REAL ESTATE		11.11
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	М	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	PH 3: 48	
Name: Gullermo GuinAZU	84	
Office Address: 12012 South ShorE Blud Ste 207		
Wellington, Florida 33414 (Zincode)		
(Zip code)		
10 Registered agent's accentance:		

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS		
Chairman:		
Address:		
Vice Chairman:		
Address:		
		
Director:		
Address:		
Director:		
Address:		
		909
B. OFFICERS	747	S JAN
President: 1/1e/ro Abranam	- S.	
Address: CSI + CNICOVY DF		
President: Pietro Abraham Address: 2317 Chicary Dr Charlotterc 28213	- SS - SS - SS - SS - SS - SS - SS - S	ـبــ
Vice President:	I F.	8
Address:		
•		
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or di	rectors.	
13.	 _	
(Signature of Director or Officer listed in number 12 of the application) 14. PIETRO ABRAHAM		
14. retro ABRANAM		

(Typed or printed name and capacity of person signing application)



State of North Carolina Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

A & P LTD. CORPORATION

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 18th day of July, 2000, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State, if applicable; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 10th day of August, 2004.

6 laine I. Marshall

Secretary of State

Certification Number: 80948696-1 Page: 1 of 1 Ref.# 8061978-cs Verify this certificate online at www.secretary.state.nc.us/Verification.