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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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# ABC BOOKKEEPING SERVICE 4435 SW 26TH AVENUE FT LAUDERDALE FL 33312-5727 TELEPHONE (954) 966 8083 FAX (954) 966 1557

à.,,,,

FEB 22 2006

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

To Whom it may concern:

Enclosed please find two (2) copies of the Articles of Incorporation for:

#### A P R MARINE INC

Also please find check to cover the Filing Fee and Designation of Registered Agent.

Thank you,

SHARON KRAFT

ABC BOOKKEEPING SERVICE

Please return all paperwork to:

SHARON KRAFT - ABC BOOKKEEPING SERVICE 4435 SW 26TH AVENUE FT LAUDERDALE FL 33312

06 FEB 27 AM 8: 04

#### **ARTICLES OF INCORPORATION**

SECRETARY OF STATE TALL AHASSEE, FLORIDA

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### **ARTICLE 1 - NAME**

The name of the corporation shall be:

A P R MARINE INC

The principal place of business of this Corporation shall be:

5209 ADAMS STREET HOLLYWOOD FL 33021

# **ARTICLE II - NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other State, Country, Territory or Nation.

### **ARTICLE III - CAPITAL STOCK**

The aggregate number of share of stock and its par value that this corporation is authorized to have outstanding at one time is 500 Shares \$1.00 par value.

#### **ARTICLE IV - TERMS OF EXISTENCE**

This corporation shall exist perpetually.

# **ARTICLE V - OFFICERS AND DIRECTORS**

The name (s) and street address(s) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are)

**PRESIDENT** 

**SECRETARY** 

ANTHONY PIERRE ROPIZA

**VICE PRESIDENT** 

**TREASURER** 

## **ARTICLE VI - INCORPORATORS**

The name(s) and addresses of the incorporator (s) to these articles of incorporation is are

ANTHONY PIERRE ROPIZA 5209 ADAMS STREET HOLLYWOOD FL 33021 In witness whereof, the undersigned incorporator(s) has (have) executed these Articles of Incorporation

this 22 day of Jebruary 2006
Signature of incorporator(s)
•
STATE OF FLORIDA
COUNTY OF BROWARD
The foregoing instrument was acknowledged and sworn to before me this 22 day of Sebruary ,200 6
NOTARY PUBLIC
SHARON KRAFT
PERSONALLY KNOWN (X ) OR IDENTIFICATION
PRODUCED

## CERTIFICATE OF DESIGNATING REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325 Florida Statutes the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designation of the registered office/registered agent, the State of Florida.

1. The name of the corporation is:

APRINC.

2. The name and address of the registered agent and office is:

ANTHONY PIERRE ROPIZA 5209 ADAMS STREET HOLLYWOOD FL 33021

Signature / L / / / / / / / ORREORATE OFFICE

Title: President

Date: 2/16/2006

Having been named to accept service of process for the above stated Corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.325 Florida Statutes.

Signature:

Registered Agent