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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 13, 2004

JOHN ANDERS 13103 5TH STREET LILLIAN, AL 36549

SUBJECT: A & P ELEVATOR INC. Ref. Number: W04000006245

We have received your document for A & P ELEVATOR INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Letter Number: 504A00009953

Tammi Cline Document Specialist SECRETARY OF STATE
IVISION OF STATE
OF MAR -2 AM II: 37

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

TRANSMITTAL LETTER

TO:	Division of Corporations		
SUBJ	ECT: A+P F/eva-for Inc. (Name of corporation - must include suffix)		_
<i>D</i> 0			
Dear S	r or Madam:		
"Certif	closed "Application by Foreign Corporation for Authorization to Transact Business in Flor cate of Existence", and check are submitted to register the above referenced foreign corporact business in Florida.	ida", ratior	ı
Please	return all correspondence concerning this matter to the following:		
$\sqrt{T_{\ell}}$	ShN H. ANders		
	(Name of Person)		
A	P Elevator INC.		 .
19	(Name of Person) PElevator Inc. (Firm/Company)	구 2	DIVISE
	(Address)	R	— <u>⊋</u> ∺
1.7	110 N A1 31549	ζ,	FAR CAN
	103 5-14 5f. (Address) (Address) (City/State and Zip code)	MII: 37	OF STA
For fur	her information concerning this matter, please call:	7	TE .
Joh	N. H. Anders at (251) 962-3400 (Name of Person) (Area Code & Daytime Telephone Number)		
Registr Division 409 E.	TADDRESS: ation Section n of Corporations Gaines St. ssee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclose	ed is a check for the following amount:		
5 70	00 Filing Fee	f Sta	

APPLICATION BY FOREIGN CORPORATION 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 Elevator INC.	
	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	
2.	(State or country under the law of which it is incorporated) 3. 90-0/1/253 (FEI number, if applicable)	
	(Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpet	
6.	(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualifica (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	tion.")
7.	/3/03 5 44 54 L///a.v. A/. 34549 (Principal office address)	
		\subseteq
	13/03 57 54. Lillian. Hl. 36549	SEC
	13/03 5th st. Lillian. Al. 36549 (Current mailing address) Sales, Installation + Service of Residential Electronical	SECRETARY OF THE
8.	Sales, Installation + Service of Residental Electronical (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	SECRETA OF STATE
8. 9.	Sales Installation + Service of Residential Electropose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Agents and Coppahins Inc.	SECRETAND OF STATE OF STATE OF STATE
8. 9.	Sales, Installation + Service of Residental Electronical (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	SECRETAND OF STATE OF STATE

10. Registered agent's acceptance:

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.

Stepwie Lewanden
(Registered agent's signature)

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: NA	
Address:	
Vice Chairman: N/A	
Address:	
Director:NA	
Address:	
Director: N/A	
Address:	4 MA
	F F R -2
B. OFFICERS	₩ 1985 1987 1987 1987
President: John H. Anders	STA: ृRAI
Address: /3/0x 5 12 5 1	7 OHS
Lillian, A1. 36549	
Vice President: James T. Patterson	
Address: /3017 5thst	
LIIIAN. Al. 36549	
Secretary: John H. Anders	
Address: 13/03 5th st. L.1/10N, A1. 36 549	
Treasurer: James T. Patterson	
Address: 13017 5th St. Lillian, Al. 36549	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	d/or directors.
13. John & ander	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the a	application)
14 Product	

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

Nancy L. Worley Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Nancy L. Worley, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that A & P Elevator, Inc. incorporated in Baldwin County, Lillian, Alabama on November 10, 2003. I further certify that the records do not disclose that said A & P Elevator, Inc. has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

February 23, 2004

Date

Nancy L. Worley

Secretary of State