

Document Number Only
F95000004331

C T CORPORATION SYSTEM
Requestor's Name
660 East Jefferson Street
Address
Tallahassee, Florida 32301
City State Zip Phone
904-222-1092
CORPORATION(S) NAME

7000001578547
-09/07/95--01045--013
*****70.00 *****70.00

APT Tampa/Orlando, Inc.

- ☒ Profit
☐ NonProfit
☐ Limited Liability Company
☒ Foreign
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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
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. APT TAMPA/ORLANDO, 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. Delaware

(State or country under the law of which it is incorporated)

3. 35-4027569

(FEI number, if applicable)

4. May 17, 1995

(Date of incorporation)

5. Perpetua

(Duration: Year corp. will cease to exist or "perpetual")

6. None pending issuance of certificate of authority.

(Date first transacted business in Florida. (See sections 607.1501, 607.1502 and 617.156, F.S.))

7. _____

8410 West Bryn Mawr Avenue, Chicago, Illinois 60631

(Current mailing address)

8. All lawful purposes.

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: C T CORPORATION SYSTEM

Office Address: c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida, 33324

(Zip Code)

10. Registered agent 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.

C T CORPORATION SYSTEM

Barbara A. Burke

(Registered agent's signature) (Officer)

BARBARA A. BURKE

SPECIAL ASSISTANT SECRETARY

(Type Name and Title of Officer)

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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 addresses of officers and/or directors:

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: Rudolph E. Hornacek

Address: 8410 West Bryn Mawr Avenue

Chicago, Illinois 60631

Director: Don Warkentin

Address: 8410 West Bryn Mawr Avenue

Chicago, Illinois 60631

B. OFFICERS

President: Don Warkentin

Address: 8410 West Bryn Mawr Avenue

Chicago, Illinois 60631

Vice President: Rudolph E. Hornacek

Address: 8410 West Bryn Mawr Avenue

Chicago, Illinois 60631

Secretary: Michael G. Hron

Address: 1 First National Plaza

Chicago, Illinois 60603

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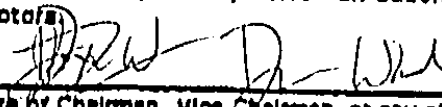
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Treasurer: Rudolph E. Hornaeck

Address: 8410 West Bryn Mawr Avenue

Chicago, Illinois 60631

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DON WARKENTIN

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "APT TAMPA/ORLANDO, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF AUGUST, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Edward J. Freel, Secretary of State

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AUTHENTICATION:

7623491

DATE

08-29-95