# 011061000

# TRANSMITTAL LETTER

Department of State

Division of Corpora	ations		•	
P. O. Box 6327				
Tallahassee, FL 32	314		100004737	1 <del></del>
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SUBJECT:	1.5. A.P. Research (PROPOSED CORPORA)	Tinc.		
	(PROPOSED CORPORA	TË NAME – <u>MUST INCI</u>	LUDE SUFFIX)	_
			500004732	
			-12/19/01	
			*****78.75	*****78.75
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation an	id a check for:	
□ \$70.00	\$78.75	D 070 75		
Filing Fee	Filing Fee	☐ \$78.75 Filing Fee	□ \$87.50	
<b></b>	& Certificate of Status	& Certified Copy	Filing Fee, Certified Copy	
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			Status	
		ADDITIONAL CO	OPY REQUIRED	
FROM:	Fred Hiller	rach	····	
	Name (	Printed or typed)		
	1 452 5010	1 0 5		
	6453 Solandra Dr.S. Address			
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NOTE: Please provide the original and one copy of the articles.

# ARTICLES OF INCORPORATION

· In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE TALLAHASSEE FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

A. S. A. P. Research Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6453 Solandra Dr. S.

Jacksonville FL 32210

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Information Research

### ARTICLE IV SHARES

The number of shares of stock is:

0001 shares

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

# REGISTERED AGENT

The name and Florida street address of the registered agent is:

Fred Hillerach

6453 Solandra Dr.S.

Jacksonalle FC 32210

### INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

Fred Hillerach

6453 Solandra Dr. S.

\*\*\*\*\*\*\*\*\*\*\*\*\*

Jacksonville PL 322,0

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Incorporator