

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 222-1870 • 1-800-342-8062 • Fax (850) 222-1872

APS, Inc.

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-09/30/02--01038--018
*****70.00 *****70.00

- ☒ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☒ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

RECEIVED
02 SEP 30 AM 11:07
DIVISION OF CORPORATION

FILED
02 SEP 30 PM 12:48
TALLAHASSEE FLORIDA
SECRETARY OF STATE

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

September 30, 2002

CAPITAL CONNECTION, INC.

SUBJECT: APS, INC.
Ref. Number: W02000028223

RECEIVED
02 OCT -2 AM 9:27

We have received your document for APS, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is M71613.

Please return the original and one copy of 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) 245-6934.

Loria Poole
Corporate Specialist
New Filings Section

Letter Number: 302A00055023

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

October 2, 2002

CAPITAL CONNECTION, INC.

SUBJECT: APS SERVICES, INC.
Ref. Number: W02000028223

RECEIVED
02 OCT -4 PM 9:22

We have received your document for APS SERVICES, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P02000023816.

Please return the original and one copy of 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) 245-6934.

Loria Poole
Corporate Specialist
New Filings Section

Letter Number: 302A00055450

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

October 4, 2002

CAPITAL CONNECTION, INC.

SUBJECT: APS SYSTEMS, INC.
Ref. Number: W02000028223

We have received your document for APS SYSTEMS, INC.. However, the document has not been filed and is being returned for the following:

The name of the entity must be identical throughout the document.

SEE R.A. CERTIFICATE !!!!!

If you have any further questions concerning your document, please call (850) 245-6934.

Loria Poole
Corporate Specialist
New Filings Section

Letter Number: 102A00055900

RECEIVED
02 OCT -4 PM 3:23

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

ARTICLES OF INCORPORATION
OF
APS SYSTEMS, INC.

(pursuant to F.S.607.0202 [Laws 1990])
(as amended: 1993)

FILED
02 SEP 30 PM 12:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME
(F.S.607.0202(1)(a))

The name of the corporation shall be: APS SYSTEMS, INC.

ARTICLE II PRINCIPAL OFFICE
(F.S.607.0202(1)(b))

The principal place of business and mailing address of this corporation shall be: 1314 East Las Olas Boulevard, Fort Lauderdale, FL 33301.

ARTICLE III CAPITAL STOCK
(F.S.607.0202(1)(c))

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares at \$1.00 par value.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS
(F.S.607.0202(1)(g))

The name and street address of the corporation's initial registered office and the name of corporation's initial registered agent at that office is: Mario Saviour Dimech, 1314 East Las Olas Boulevard, Fort Lauderdale, FL 33301.

ARTICLE V INCORPORATOR
(F.S.607.0202(1)(h))

The name and street address of the incorporator of these Articles of Incorporation is: Mario Saviour Dimech, 1314 East Las Olas Boulevard, Fort Lauderdale, FL 33301.

The undersigned has executed these Articles of Incorporation
this 27 day of September, 2002.



Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes (1997), the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: APS SYSTEMS, INC.
2. The name and address of the registered agent and office is:


Mario Saviour Dimech
1314 East Las Olas Boulevard
Fort Lauderdale, FL 33301.

SIGNATURE 
(Corporate Officer)

TITLE TNC.

DATE 9-27-02

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.
(F.S.607.0202(1)(g) (1993) and F.S.607.0501 (1997))

SIGNATURE 

DATE 9-27-02

FILED
02 SEP 30 PM 12:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA