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02 DEC 17 PM 2:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

602 34345

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: A.P., INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☑ $70.00 Filing Fee	☐ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	

FROM: ADAM R. PALMA
Name (Printed or typed)

13785-D SUNFLOWER COURT
Address

WELLINGTON, FL 33414
City, State & Zip

(561) 352-1098
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

RECEIVED
02 DEC 16 AM 7:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

December 5, 2002

ADAM R. PALMA
13785-D SUNFLOWER COURT
WELLINGTON, FL 33414

SUBJECT: A.P., INC.
Ref. Number: W02000034245

We have received your document for A.P., 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 L01000006599.

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: 702A00064742

FILED
02 DEC 17 PM 2:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of this corporation shall be:

A.P. INTERIORS, INC.

ARTICLE II MAILING ADDRESS

The principal business/mailing address of this corporation is:

13785-D SUNFLOWER COURT
WELLINGTON, FL 33414

ARTICLE III NATURE OF BUSINESS

The general nature of the business to be transacted by this corporation is (are):

CABINET INSTALLATION

ARTICLE IV SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 (ONE HUNDRED SHARES)

ARTICLE V INITIAL OFFICERS/DIRECTORS

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

ADAM R. PALMA, PRESIDENT
13785-D SUNFLOWER COURT
WELLINGTON, FL 33414

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

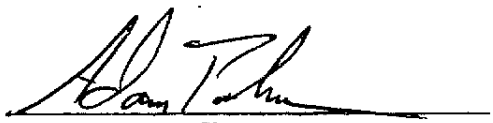
ADAM R. PALMA
13785-D SUNFLOWER COURT
WELLINGTON, FL 33414

ARTICLE VII INCORPORATOR (S)

The name(s) and street address(es) if the incorporator(s) to these Articles of Incorporation is (are):

ADAM R. PALMA
13785-D SUNFLOWER COURT
WELLINGTON, FL 33414

The undersigned incoporator(s) has (have) executed these Articles of Incorporation this 14TH DAY OF NOVEMBER, 2002.



Signature
Adam R. Palma, President

_____
Signature

Articles of Incorporation
Filing Fee - $35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFCE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.501, FLORIDA STATUES, 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 _____

A.P. INTERIORS, INC.

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

ADAM R. PALMA
(Name)

13785-D SUNFLOWER COURT
(PO Box not acceptable)

WELLINGTON, FL 33414
(City, State, Zip)

FILED
02 DEC 17 PM 2:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Having been named as registered agent and to accept service of process for the above state 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 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.

Adam Palma
(Signature)

11-25-02
(Date)

DIVISION OF CORPORATIONS, PO BOX 6327, TALLAHASSEE, FL 32314