

P04000018313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

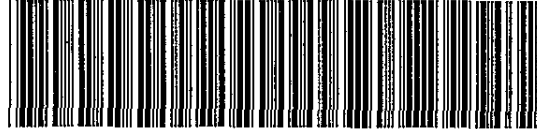
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**FILED**  
04 JAN 20 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: \_\_\_\_\_

American Provident Realty, 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: \_\_\_\_\_

John Koszalkowski  
Name (Printed or typed)

101 Palm Harbor Pkwy  
Address

Palm Coast, FL 32137  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION  
FOR  
AMERICAN PROVIDENT REALTY, INC.**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

AMERICAN PROVIDENT REALTY, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

PLACE OF BUSINESS:

101 PALM HARBOR PARKWAY  
PALM COAST FL 32137

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THIS CORPORATION MAY ENGAGE OR TRANSACT IN ANY OR ALL LAWFUL  
ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES,  
THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

**ARTICLE IV SHARES**

The number of shares of stock is:

THE MAXIMUM NUMBER OF SHARES OF STOCK THIS CORPORATION IS  
AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 1000 SHARES OF  
COMMON STOCK HAVING A \$1.00 PAR VALUE.

**ARTICLE V INITIAL DIRECTORS (optional)**

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

THIS CORPORATION SHALL HAVE NO DIRECTORS, INITIALLY. THE AFFAIRS OF THE  
CORPORATION WILL BE MANAGED BY THE SHAREHOLDERS UNTIL SUCH TIME  
DIRECTORS ARE DESIGNATED AS PROVIDED BY THE BYLAWS.

**ARTICLE VI INITIAL OFFICERS (optional)**

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

JOHN KOSZALKOWSKI  
PRESIDENT  
101 PALM HARBOR PARKWAY  
PALM COAST, FL 32137

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII REGISTERED AGENT**

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

JOHN KOSZALKOWSKI  
PRESIDENT  
101 PALM HARBOR PARKWAY  
PALM COAST, FL 32137

**ARTICLE VIII INCORPORATOR**

The name and address of the Incorporator is:

JOHN KOSZALKOWSKI  
PRESIDENT  
101 PALM HARBOR PARKWAY  
PALM COAST, FL 32137

**ARTICLE XI TERM OF EXISTENCE**

THIS CORPORATION IS TO EXIST PERPETUALLY.

**ARTICLE X PREEMPTIVE RIGHTS**

EVERY SHAREHOLDER UPON SALE FOR CASH OF ANY NEW STOCK OF THIS CORPORATION OF THE SAME KIND, CLASS, OR SERIES AS THAT WHICH HE ALREADY HOLDS, SHALL HAVE THE RIGHT TO PURCHASE HIS PRO RATA SHARE THEREOF AT THE PRICE AT WHICH IT IS OFFERED TO OTHERS.

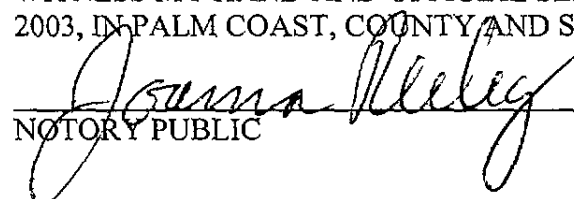
IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBERS HAVE EXECUTED THESE ARTICLES OF INCORPORATION ON THIS 1st DAY OF DEC 2003

  
JOHN KOSZALKOWSKI

STATE OF FLORIDA  
COUNTY FLAGLER

BEFORE ME PERSONALLY APPEARED JOHN KOSZALKOWSKI, TO ME WELL KNOWN AND KNOW TO ME TO BE THE INDIVIDUALS DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND THEY PURPOSE THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL THIS 1 DAY OF Dec 2003, IN PALM COAST, COUNTY AND STATE AFORESAID.

  
NOTARY PUBLIC

MY COMMISSION EXPIRES:



**ARTICLE VII REGISTERED AGENT**

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

JOHN KOSZALKOWSKI  
101 PALM HARBOR PARKWAY  
PALM COAST, FL 32137

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2003

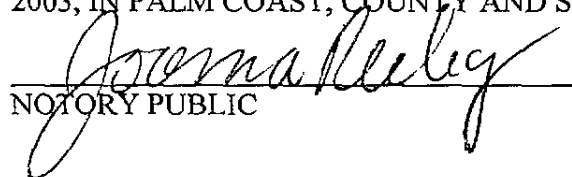


JOHN KOSZALKOWSKI

STATE OF FLORIDA  
COUNTY FLAGLER

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NOTARY PUBLIC


MY COMMISSION EXPIRES:



Joanna Reiley  
My Commission DD167490  
Expires January 24, 2007

**REGISTERED AGENT ACCEPTANCE**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE   
TITLE TREAS  
DATE 12/1/03