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## **COVER LETTER**

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

SUBJECT: APADEV, Inc	 ATE NAME – <u>MUST INCLUDE SUFFIX</u> )			
(PROPOSED CORPOR	ATE NAME – <u>MUST INCLUDE SUFFIX</u> )			
Enclosed are an original and one (1) copy of the ar	ticles of incorporation and a check for:			
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 \$87.50  Filing Fee Filing Fee, & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED			
FROM: Michael J. Di. Salvid Name (Printed or typed)				
350 Mare ct. Address				
tarpon Spr. Min	5 FL. 34688 y, State & Zip			
(727) 937-0200 Daytime Telephone number				

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)	
ARTICLE I NAME The name of the corporation shall be:	
APADEV, Inc.	O7 . SECH TALL,
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  350 Mare Ct.  tarfon springs fl. 34688  ARTICLE III PURPOSE	FILED JAN 29 AM II: 26 CRETARY OF STATE LAHASSEE, FLORIDA
The purpose for which the corporation is organized is: Business Software Development Service	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):  Mi Chael J. D. Jalvid - 350 Mare ct. farf	bn spr.hgs, FZ. 34688 pr
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the re	egistered agent is:
Michael J. D.Jalvb 350 Mare Ct. tarpon springs, FL 34688 ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Michael J. Disalvid 350 hare ct. tarAn SArings, FL 34688	*********
Having been named as registered agent to accept service of process for the above stated certificate, I am familiar with and accept the appointment as registered agent and agree to Signature/Registered Agent	
Signature/Incorporator	Date