

PD9000014619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

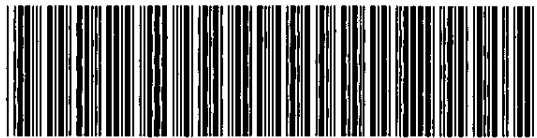
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W08000054864

EP 2/16/09



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 21, 2009

J. CARTER MOORE, ESQ.
PO BOX 608405
ORLANDO, FL 32860

SUBJECT: A.P. ENTERPRISES OF SEMINOLE COUNTY, INC.
Ref. Number: W08000054964

We have received your document for A.P. ENTERPRISES OF SEMINOLE COUNTY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must list at least one incorporator with a complete business street address.

Please return the corrected 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) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 808A00059950



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2008

J. CARTER MOORE, ESQ.
PO BOX 608405
ORLANDO, FL 32860

SUBJECT: A.P. ENTERPRISES OF SEMINOLE COUNTY, INC.
Ref. Number: W08000054964

We have received your document for A.P. ENTERPRISES OF SEMINOLE COUNTY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

The registered agent and street address must be consistent wherever it appears in your document.

An effective date may be added to the Articles of Incorporation if a 2009 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 808A00059950

RECEIVED
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09 JAN 20 PM 12:21

J. CARTER MOORE, ESQ.

P. O. Box 608405

Orlando, FL 32860

407/291-8117

E-FAX 407/386-7090

December 4, 2008

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

Re: A. P. Enterprises of Seminole County, Inc.

Dear Sir:

Enclosed you will please find the Articles of Incorporation for of the above corporation. The enclosed Articles have been redrafted to address the issues of the current address for both the Director and the Incorporator. Please send the certificate to me at the above address.

Thank you for your assistance in this matter.

Yours truly,

A handwritten signature in cursive script, appearing to read "J. Carter Moore".

J. Carter Moore

ARTICLES OF INCORPORATION
OF
A. P. ENTERPRISES OF SEMINOLE COUNTY, INC.

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I

NAME

The name of the corporation shall be A. P. ENTERPRISES OF SEMINOLE COUNTY, INC.

ARTICLE II

NATURE OF BUSINESS

This corporation may engage in or transact any and all lawful activities or business permitted under the laws of the United States, the State of Florida, or of any other state, county, territory or nation.

ARTICLE III

CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is TEN THOUSAND (10,000) Shares of common stock. Each share shall have a par value of \$1.00 per share.

ARTICLE IV

ADDRESS

The street address of the initial registered office of the corporation shall be 5047 Jamaica Cir., Orlando, FL 32808 and the name of the initial Registered Agent for the corporation is J. Carter Moore.

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TALLAHASSEE, FLORIDA

ARTICLE V

SPECIAL PROVISIONS

The stock of this corporation is intended to qualify under the requirements of Section 1244 of the Internal Revenue Code and the regulations issued thereunder. Such actions as may be necessary shall be deemed to have been taken by the appropriate officers to accomplish compliance.

ARTICLE VI

TERM OF EXISTENCE

This corporation shall exist perpetually.

ARTICLE VII

LIMITATION OF LIABILITY

Each director, stockholder and officer, in consideration for his or her services, in the absence of fraud or wrongdoing shall be indemnified, whether then in office or not, for any and all reasonable costs or expenses incurred by him or her in connection with the defense of, or for advice concerning any claim asserted or proceeding brought against him or her by reason of his or her being or having been a director, stockholder or officer of the corporation or of any subsidiary of the corporation, whether or not wholly owned, to the maximum extent permitted by law. The foregoing right of indemnification shall be inclusive of any other rights to which any director, stockholder or officer may be entitled as a matter of law.

ARTICLE VIII

SELF DEALING

No contract or other such transaction between the corporation and other corporations, in the absence of fraud, shall be affected or invalidated by the fact that any one or more of the directors or officers of any other corporation, and directors, individually or jointly, may be a party or parties to, or may be interested in such contract, act or transaction, or in any way connected with such person or person's firm or corporation, and each and every person who may become a director of the corporation is hereby relieved from any liability that might otherwise exist from his contracting with the corporation for the benefit of himself/herself or any firm, association or corporation in which he or she may be in any way interested. Any of the directors of the corporation may vote upon any and all transaction(s) with the corporation without regard to the fact that he or she is also a director of such subsidiary or corporation.

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TALLAHASSEE, FLORIDA

ARTICLE IX

DIRECTORS

This corporation shall have a minimum of one director. The initial Board of Directors shall consist of

ALFRED G. PENNINGTON
2617 Marshall Ave.
Sanford, FL 32773

ARTICLE X

INCORPORATOR

The name and address of the Incorporator is:

Alfred G. Pennington
2617 Marshall Ave.
Sanford, FL 32773

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TALLAHASSEE, FLORIDA

9th IN WITNESS WHEREOF, the undersigned has hereunto set their hands and seals on this day of February, 2009.

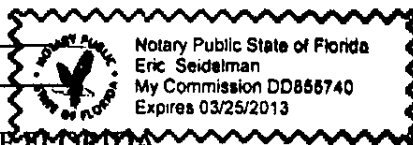
INCORPORATOR:

Alfred G. Pennington (LS)
Alfred G. Pennington

STATE OF FLORIDA
COUNTY OF: SEMINOLE

The foregoing instrument was acknowledged before me this 9th day of February, 2009.

[Signature]



PRINT NAME:

NOTARY PUBLIC, STATE OF FLORIDA

My Commission expires:

TYPE OF IDENTIFICATION USED: Lic

DESIGNATION AND ACCEPTANCE
OF REGISTERED AGENT

The following is submitted in compliance with the laws of the State of Florida.

A. P. ENTERPRISES OF SEMINOLE COUNTY, INC., a corporation organized under the laws of the State of Florida, with its principal office located at 2617 Marshall Ave., Sanford, FL 32773, has named J. CARTER MOORE, whose address is 5047 Jamaica Circle, Orlando, FL 32808, as its Registered Agent to accept service of process within this State.

ACCEPTANCE

I agree as Registered Agent to accept service of process; to keep the office open during prescribed hours; to post my name (and any other officers of said corporation authorized to accept service of process at the above designated address) in some conspicuous place in the office as required by law. I further state that I am familiar with and accept the duties and responsibilities as registered agent for said corporation.

REGISTERED AGENT:

 (LS)
J. CARTER MOORE

STATE OF FLORIDA
COUNTY OF:

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgments, personally appeared J. Carter Moore to me known to be the person described in and who executed the foregoing instrument and she acknowledged before me that she executed the same.

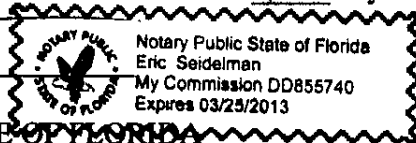
WITNESS my hand and official seal this 9th day of February, 2009.

PRINT NAME:

NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:

TYPE OF IDENTIFICATION USED: Id.



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