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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVER LETTER

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

SUBJECT: APON	I, INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles 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:	MARK STANNARD		
	Nam	e (Printed or typed)	
	607 ROBERTSON STREET		
		Address	
	BRANDON FL 33511		
	City	, State & Zip	
_8	13 643- <i>9550</i>		
	Daytime	Telephone number	
	M5 335/11 @ Value	cos	
	M5 335 /// W Yahoo. E-mail address: (to be use	CO 14 ed for future annual report	notification)

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

ARTICLES OF INCORPORATION

ARTICLE I NAME

The name of the corporation shall be: APOM, Inc.

ARTICLE II PRINCIPAL OFFICE

607 W Robertson Street Brandon, FL 33511

ARTICLE III PURPOSE

The purpose for which the corporation is organized is the marketing of private investigation services.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Mark Stannard 607 W Robertson Street President & Director

Brandon, FL 33511

ARTICLE VI REGISTERED AGENT

The registered agent is:

Mark Stannard

607 W Robertson Street Brandon, FL 33511

ARTICLE VII INCORPORATOR

The corporations incorporator is:

Mark Stannard

607 W Robertson Street Brandon, FL 33511

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent Date

Signature/Incorporator Date