

PK000072796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

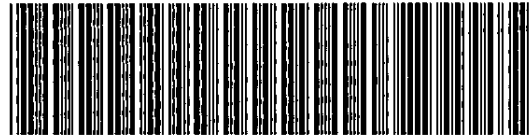
(Document Number)

Certified Copies \_\_\_\_\_

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07/29/11--01024--017 \*\*78.75

W1-40130

FILED  
2011 AUG 12 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1600 AUG 15 2011

## COVER LETTER

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

SUBJECT: All Pro Logistics, 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: Paul R. Vari  
Name (Printed or typed)

530 Black Lion DR.  
Address

St. Petersburg, Fl. 33716  
City, State & Zip

727-686-6569  
Daytime Telephone number

pvari@earthlink.net  
E-mail address: (to be used for future annual report notification)

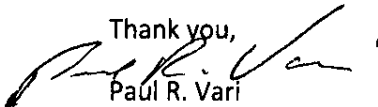
**NOTE: Please provide the original and one copy of the articles.**

7-26-2011

To whom it may concern,

This letter is to inform you that I have no intentions to reinstate my Company All Pro Logistics, Inc. that has been dissolved since 9-24-2010. I have filled out a new Articles of Incorporation and have submitted a check for 78.75 for payment as instructed by your office today. Please contact me if you have any concerns on this matter.

Thank you,

A handwritten signature in black ink, appearing to read 'Paul R. Vari', is written over the printed name.

Paul R. Vari

727-686-6569



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 1, 2011

PAUL R. VARI  
530 BLACK LION DR  
ST PETERSBURG, FL 33716

SUBJECT: ALL PRO LOGISTICS, INC.  
Ref. Number: W11000040133

We have received your document for ALL PRO LOGISTICS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 211A00018040

\* CORRECTED - 8-10-2011 \*

P. Vari

RECEIVED  
11 AUG 12 AM 11:05  
DIVISION OF CORPORATIONS

**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: All Pro Logistics, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
530 Black Lion Dr.  
St. Petersburg, FL 33716

Mailing address, if different is:

PO Box 55575  
St. Petersburg, FL 33732

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Logistics Management

**ARTICLE IV SHARES**

The number of shares of stock is 8 = 100 P.Vari-8-10-2011

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Paul R. Vari President  
Address: 530 Black Lion Dr  
St. Petersburg, FL 33716

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Paul R. Vari  
Address: 530 Black Lion Dr  
St. Petersburg, FL 33716

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Paul R. Vari  
Address: 530 Black Lion Dr  
St. Petersburg, FL 33716

*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*

Paul R. Vari  
Required Signature/Registered Agent

07-26-2011  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Paul R. Vari  
Required Signature/Incorporator

07-26-2011  
Date

2011 AUG 12 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED