

P12000022047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

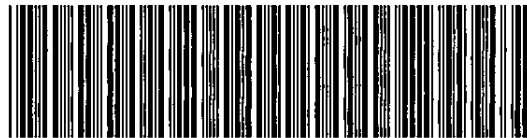
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600223465596

03/05/12--01058--031 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAR -5 PM 3:07

3/6/12

**COVER LETTER**

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

**SUBJECT:** APC CARRIERS, 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:** ALEXANDER CHERNOV  
Name (Printed or typed)

7501 SUMMERBRIDGE DR  
Address

TAMPA, FL 33634  
City, State & Zip

813-422-4797  
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAR -5 PM 3:07

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME** APC CARRIERS INC  
The name of the corporation shall be:

12 MAR -5 PM 3: 07

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
7501 SUMMERBRIDGE DR  
TAMPA FL 33634

Mailing address, if different is:  
SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
TRUCKING COMPANY

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: ALEXANDER CHERNOV  
Address: PRESIDENT  
7501 SUMMERBRIDGE DR  
TAMPA, FL 33634

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:

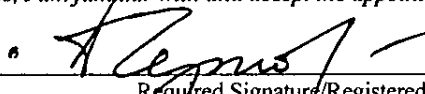
Name: ALEXANDER CHERNOV  
Address: 7501 SUMMERBRIDGE DR  
TAMPA, FL 33634

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

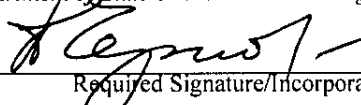
Name: ALEXANDER CHERNOV  
Address: 7501 SUMMERBRIDGE DR  
TAMPA, FL 33634

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

  
\_\_\_\_\_  
Required Signature/Registered Agent

01/11/2012  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Required Signature/Incorporator

01/11/2012  
\_\_\_\_\_  
Date