

P/4000053536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

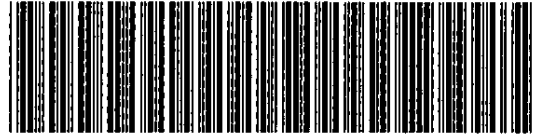
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/18/14--01023--016 **78.75

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14 JUN 18 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/19/14

COVER LETTER

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

SUBJECT: AAP Business Enterprises, 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: Elizabeth Alison Petrie

Name (Printed or typed)

1272 Grady Lane

Address

Champions Gate, FL 33896

City, State & Zip

321-277-7128

Daytime Telephone number

alisonpetrie@gmail.com

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

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:

AAP Business Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1272 Grady Lane

Champions Gate, FL 33896

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Ownership and operation of our real estate business.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Elizabeth Alison Petrie**

Address **President**

Name and Title: **Coleman Alan Petrie**

Address: **Vice President**

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Coleman Alan Petrie
Address: 1272 Grady Lane
Champions Gate, FL 33896

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Coleman Alan Petrie
Address: 1272 Grady Lane
Champions Gate, FL 33896

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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

Coleman Alan Petrie

Required Signature/Registered Agent

6/9/14

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.

Coleman Alan Petrie

Required Signature/Incorporator

6/9/14

Date