

PH40000078177

(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



100263634641

09/19/14--01005--008 \*\*78.75

FILED  
14 SEP 19 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 9/22

## COVER LETTER

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

SUBJECT: **APCSPACES 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: **Carlos Casado**

Name (Printed or typed)

**10700 NW 66th Street, #110**

Address

**Miami, FL 33178**

City, State & Zip

**305-807-2423**

Daytime Telephone number

**cc@apcspaces.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: APCSPACES INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

10700 NW 66th Street, #110

Miami, FL 33178

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide consulting services for Interior Decor Projects & Remodels, as well as sell and re-sell furnishings

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FILED  
14 SEP 19 PM 2:08  
CLERK OF DISTRICT COURT  
MIAMI, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Carlos Casado

Name and Title: Adriana Casado

Address 10700 NW 66th St, #110  
Miami, FL 33178

Address: 10700 NW 66th St, #110  
Miami, FL 33178

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

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:

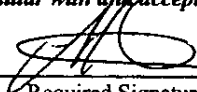
Name: Adriana Casado  
Address: 10700 NW 66th St, #110  
Miami, FL 33178

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Carlos Casado  
Address: 10700 NW 66th St, #110  
Miami, FL 33178

*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*

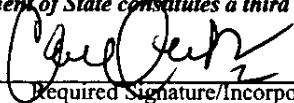


\_\_\_\_\_  
Required Signature/Registered Agent

09/15/2014

\_\_\_\_\_  
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

09/15/2014

\_\_\_\_\_  
Date

FILED  
14 SEP 19 PM 2:08  
RECEIVED  
CLERK OF STATE  
TALLAHASSEE, FLORIDA