

P/4000096006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

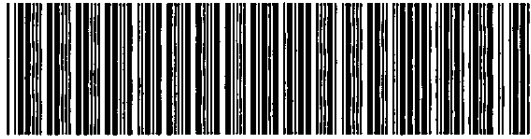
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/01/14

COVER LETTER

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

SUBJECT: **APIOs, 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: **Julia Greenberg-Aguilar o/b/o MyUSAcorporation.com**

Name (Printed or typed)

1 Radisson Plaza, Suite 800

Address

New Rochelle, NY 10801-5769

City, State & Zip

877-330-2677

Daytime Telephone number

martinholub@icloud.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: APIOS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1990 MAIN STREET #750

SARASOTA, FL 34236

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: consulting and advisory services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARTIN HOLUB-President

Address: KLIMOVA 3237/1

PRAGUE, CZECH REPUBLIC

Name and Title: MARTIN HOLUB-Vice President

Address: KLIMOVA 3237/1

PRAGUE, CZECH REPUBLIC

Name and Title: MARTIN HOLUB-Secretary

Address: KLIMOVA 3237/1

PRAGUE, CZECH REPUBLIC

Name and Title: MARTIN HOLUB-Treasurer

Address: KLIMOVA 3237/1

PRAGUE, CZECH REPUBLIC

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
SARASOTA, FLORIDA

(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: InCorp Services, Inc.
Address: 17888 67th Court North
Loxahatchee, FL 33470

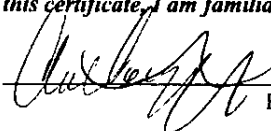
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TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT

ARTICLE VII INCORPORATOR

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

Name: MyUSACorporation.com
Address: 1 Radisson Plaza, Suite 800
New Rochelle, NY 10801-5769

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

11/17/2014

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

11/17/2014

Date

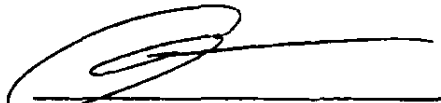
**SPECIAL AND REVOCABLE
LIMITED POWER OF ATTORNEY**

TO ALL PERSON, be it known, that INCORP SERVICES, INC., A Nevada corporation as Grantor, does hereby make and grant a limited and specific power of attorney to Anthony Morales and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of InCorp Services, Inc. (a Nevada Corporation) for entities which *Selene Enterprises LLC dba MyUSA corporation.com* have purchased agent service on through their account with InCorp Services, Inc.

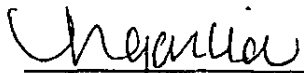
TERMINATION: Unless sooner revoked or terminated by me, the Special Power of Attorney shall become NULL and VOID from and after December 31, 2014.



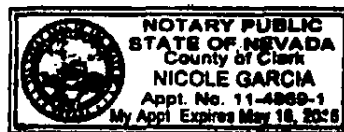
Aurora Murtey, Secretary

Dated: May 19, 2014

Signed in my presence this the 19th day of May 2014 by Aurora Murtey, State of Nevada.
County of Clark



Notary Public in the State of Nevada



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CLARK COUNTY, NEVADA