

P15000044780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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15 MAY 18 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

11/11

## COVER LETTER

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

**SUBJECT:** Apogee Reclamation 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Steven P Cronin

\_\_\_\_\_  
Name (Printed or typed)

1956 SW Main Blvd.

\_\_\_\_\_  
Address

Lake City, Florida 32025

\_\_\_\_\_  
City, State & Zip

386-243-8235

\_\_\_\_\_  
Daytime Telephone number

steve@aszllc.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)

APPROVED  
AND  
FILED

**ARTICLE I NAME**  
The name of the corporation shall be: APOGEE RECLAMATION INC.

15 MAY 18 AM 10:35

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

1956 SW Main Blvd.

Lake City, Florida 32025

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: The Corporation shall engage in any activity or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV SHARES**  
The number of shares of stock is: 15,000,000

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

Name and Title: Steven P Cronin, Chief Executive Officer Name and Title: \_\_\_\_\_

Address 1956 SW Main Blvd. Address: \_\_\_\_\_

Lake City, Florida 32025 \_\_\_\_\_

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

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

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

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

APPROVAL  
AND  
FILED

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

15 MAY 18 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Steven P Cronin  
Address: 1956 SW Main Blvd.  
Lake City, Fl. 32025

**ARTICLE VII INCORPORATOR**

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

Name: Steven P Cronin  
Address: 1956 SW Main Blvd  
Lake City, Fl. 32025

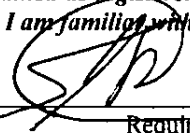
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

05-15-2015

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

05-15-2015

Date