Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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TO:
    Division of Corporations
    Fax Number   : (850)617-6381

From:

    Account Name   : CORPORATE CREATIONS INTERNATIONAL INC.
    Account Number : 110432003053
    Phone   : (561)694-8107
    Fax Number   : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

FLORIDA PROFIT/NON PROFIT CORPORATION
AEPP Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$70.00

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: AEPP INC.

ARTICLE II   PRINCIPAL OFFICE

Principal street address

141 QUENTIN RD

BROOKLYN, NY 11223

Mailing address, if different is:

ARTICLE III   PURPOSE
The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV   SHARES 200
The number of shares of stock is:

ARTICLE V   INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NAUM BURMAN, PRESIDENT

Address   141 QUENTIN RD

BROOKLYN, NY 11223

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

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: INTERSTATE AGENT SERVICES LLC

Address: 1540 GLENWAY DR.

          TALLAHASSEE, FL 32301

ARTICLE VII   INCORPORATOR

The name and address of the Incorporator is:

Name: NAUM BURMAN

Address: 141 QUENTIN RD

          BROOKLYN, NY 11223

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

_____   9/23/15
Required Signature/Registered Agent   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.

_____   9/23/15
Required Signature/Incorporator   Date