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FAX N

Florida Department
Division of Corporations
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SEALING UNIT
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
APCO WHOLESALE CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

APR 28 2016

S. GILBERT

APR/28/2016/THU 12:59 PM

FAX No.

P. 002

FILED
16 APR 28 PM 1:42

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) **STATE OF FLORIDA**
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: APCO WHOLESALE CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

19900 NW 37 AVE

MIAMI GARDENS, FL 33056

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES SHARES: 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PEDRO LUIS ORTA (P/D)

Name and Title: _____

Address 19900 NW 37 AVE

Address: _____

MIAMI GARDENS, FL 33056

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

APR/28/2016/THU 12:59 PM

FAX No.

P. 003

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: PEDRO LUIS ORTA
Address: 19900 NW 37 AVE
MIAMI GARDENS, FL 33057

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PEDRO LUIS ORTA
Address: 19900 NW 37 AVE
MIAMI GARDENS, FL 33057

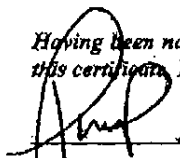
ARTICLE VIII EFFECTIVE DATE:

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

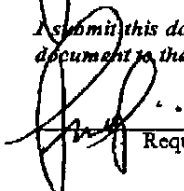
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 _____ 04/25/2016
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.

 _____ 04/25/2016
Required Signature/Incorporator Date