

P1600008383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

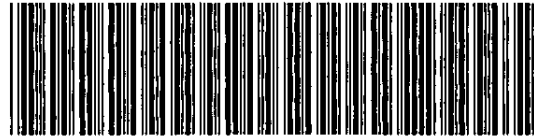
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 OCT 17 PM 5:44  
SEAL OF THE STATE  
TALLAHASSEE, FLORIDA

V HERRING

OCT 18 2016

## COVER LETTER

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

**SUBJECT:** A P Sales Corp

**(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:** Alfred Pellegrini

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

1906 Piccadilly Circle

\_\_\_\_\_  
Address

Cape Coral, Florida, 33991

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

239-246-8989

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

apellegrini@comcast.net

\_\_\_\_\_  
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)

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**ARTICLE I NAME**

The name of the corporation shall be: A P Sales Corp

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1906 Piccadilly Circle

Cape Coral, FL 33991

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Representation of organizations providing valve sales and repair to power companies and other industries.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Alfred Pellegrini, President, Treasurer and

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

Address 1906 Piccadilly Circle

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

Cape Coral, FL 33991

Name and Title: Alfred Pellegrini, Director

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

Address 1906 Piccadilly Circle

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

Cape Coral, FL 33991

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

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

Address \_\_\_\_\_

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

FILED  
2016 OCT 17 PM 5:44  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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: Alfred Pellegrini  
Address: 1906 Piccadilly Circle  
Cape Coral, FL 33991

**ARTICLE VII INCORPORATOR**

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

Name: Alfred Pellegrini  
Address: 1906 Piccadilly Circle  
Cape Coral, FL 33991

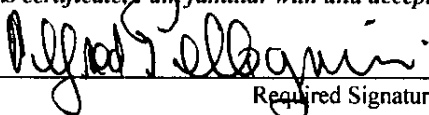
**ARTICLE VIII EFFECTIVE DATE:**

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.)

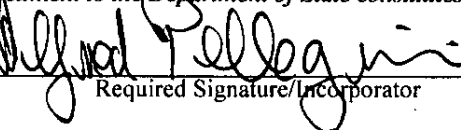
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

10/12/16  
\_\_\_\_\_  
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

10/12/16  
\_\_\_\_\_  
Date