

P19000082168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

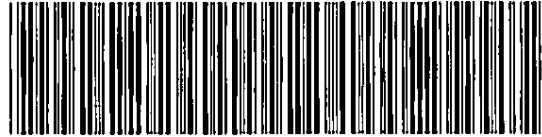
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

REV 05 2019

K Brumbley

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953.

REQUEST DATE 11/4/2019

PRIORITY Routine

OUR REF # (Order ID#) 779793

ORDER ENTITY
APOKE MIAMI CORP.

PLEASE PERFORM THE FOLLOWING SERVICES:
APOKE MIAMI CORP. (FL)

New corp filing

NOTES:

\$70.00 Authorized
Email address for annual report reminders: erin@servico.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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: APOKE MIAMI CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6620 SW 57th Ave, Ste. E-109

South Miami, Florida 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 60

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Claudia Salazar, President

Address: 7191 NW 103rd Path

Doral, Florida 33178

Name and Title: Diana Rios, Secretary

Address: 132-22 84th Street

Ozone Park, NY 11417

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY 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: Clandia Salazar
Address: 6620 SW 57th Ave, Ste. E-109
South Miami, FL 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Scott J. Schuster
Address: 283 Washington Ave
Albany, NY 12206

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 days prior or 90 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

Clandia Salazar
Required Signature/Registered Agent

11/01/2019
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

11/01/2019
Date