2/10/2020 Division of Corporations

P20000011445

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:

Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC
Account Number : I20190000062
Phone : (239)850-9451
Fax Number : (866)929-0535

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

Email Address: pfbe@comcast.net

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FLORIDA PROFIT/NON PROFIT CORPORATION
APOVINI, INC

Certificate of Status	1
Certified Copy	0
Page Count	04
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FEB 11 2020

T. SCOTT

COVER LETTER

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

SUBJECT: APOVINI, 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 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: APOVINI, INC
Name (Printed or typed)

900 SW PINE ISLAND RD # 122
Address

CAPE CORAL, FL 33991
City, State & Zip

239-823-8438
Daytime Telephone number

deda1974@icloud.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)

ARTICLE I NAME
The name of the corporation shall be: APOVINI, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
900 SW PINE ISLAND RD #122
CAPE CORAL, FL 33991

Mailing address, if different is:
900 SW PINE ISLAND RD #122
CAPE CORAL, FL 33991

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any and all lawful business

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TONI DEDAJ / PRESIDENT
Address: 900 SW PINE ISLAND RD #122, CAPE CORAL, FL 33991

Name and Title:
Address:

Name and Title: ALI KALECI / V. PRESIDENT
Address: 900 SW PINE ISLAND RD #122, CAPE CORAL, FL 33991

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

2020 FEB 10 PM 12:48

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: TONI DEDAJ

Address: 900 SW PINE ISLAND RD # 122

CAPE CORAL, FL 33991

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: TONI DEDAJ

Address: 900 SW PINE ISLAND RD # 122

CAPE CORAL, FL 33991

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/10/2020 **(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

Required Signature/Registered Agent — 02/10/2020 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 — 02/10/2020 Date