6/10/23, 11:34 AM

Division of Corporations

P230 Comment of State P46

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From:

Account Name : TAX S PRO CORP Account Number : 120200000147 Phone : (786)307-2733 Fax Number : (954)420-7118

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123 JUNIZ PH &: 1

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FLORIDA PROFIT/NON PROFIT CORPORATION APR LUX CORP

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COVER LETTER

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

SUBJECT:

APR LUX 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

□ \$78.75

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& Certificate of Status

□ \$78.75

□ **\$**87.50

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FROM:	TAX S PRO CORP	, 2023	
	Name (Printed or typed)		
	8030 PINES BLVD	JUN 12	<u></u>
	Address	; * -<	ili
	PEMBROKE PINES, FLORIDA 33024	PH 29 OF S	O
	City, State & Zip	TAII FL	
	786-3072733	ſπ	
	Daytime Telephone number		

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

INFO@TAXSPRO.COM



ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corpora	tion shall be: AP	R LUX COR	P	
ARTICLE II PRINC		999 BRICKI 2011,	tess, if different is: ELBAY DRIVE	<u>, A</u> PT
MIAMI, FL	33131	MIAMI, FL	33131	
	<u> </u>			
				 -
Name and Title			2023 JUH 12	
Address	999 BRICKEL BAY DE			
	MIAMI, FL 33131		E FL	_
		Name and Title:		_
Address		Address:		<u>-</u>
Name and Title:		Name and Title:		_
Address				_
				_
COUNTING AND TAX SERVICES		<u> </u>		
TOYSPRO				



Name and	d Title:	Name and Title:	
Address		Address:	
		-	
RTICLE VI 1 c name and Flo	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	I the registered agent is:	
ame:	TAX S PRO CORP	_	
ddress:	8030 PINES BLVD	_	
	PEMBROKE PINES, FL 33024	- -	
TICLE VJI	INCORPORATOR		
name and ad	dress of the Incorporator is:		
	TAX S PRO CORP		_
Address:	8030 PINES BLVD PEMEROKE PINES , FL 33024	282	2
		- - - :	== == ==
fective date, if o	EFFECTIVE DATE: 06/10/23 other than the date of filing: ate is listed, the date must be specific and cannot	of be more than five days prior or 90 days after the	nnnn
te: If the date document's ef	inserted in this block does not meet the applicable fective date on the Department of State's records.	statutory filing requirements, this date will-not be li	
ving been name tificate, I am fa	ed as registered agent to accept service of process formular with and accept the appointment as register	or the above stated corporation at the place designate red agent and agree to act in this capacity	rd in th
		06/10/23	
-	Required Signature/Registered Agent	Date	
ubmit this docu cument to the D	ument and affirm that the facts stated herein are Department of State constitutes a third degree felony	true. I am aware that the false information submit y as provided for in s.817.155, F.S.	ted in
quired Signatur	T/Incorporator		—
denon piBuaini		Daic	
CCUMPTUMG AND TA	A SEATICE		
	PRO		