Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000172825 3)))



To:		į, iš
	Division of Corporations	1
	Fax Number : (850)617-6381	
From:		,
	Account Name : GERALD WEINBERG, P.C.	ຕິທ
	Account Number : 120030000043	STATE
	Phone : (800)342-9856	施
	Fax Number : (800)354-3381	゚゚゚゛゚
an	the email address for this business entity to be used fo nual report mailings. Enter only one email address please ail Address:	or future e.**

FLORIDA PROFIT/NON PROFIT CORPORATION A.P.P ASSOCIATES INC.

Certificate of Status	0
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Help

ARTICLES OF INCORPORATION 1/12/8 2 5No. 1443 f. 2 In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE I NAME ne name of the corporat	ion shall be: A.P.P.ASSOCIATES INC.		
TICLE II PRINC I N. PEDERAL HWY ITE C-5	Principal street address		Mailing address, if different is: DERAL HWY
OCA RATON, PL 33487		BOCA RA	TON, FL 33487
RTICLE III PURP(ne purpose for which t	<u>DSE</u> ne corporation is organized is: <u>ANY AND A</u>	ALL LAWPUL BUS	SINESS
RTICLE IV SHARI te number of shares of s	<u>ES</u> stock is: <u>200</u>		
	LOFFICERS AND/OR DIRECTORS TOM PAPADOPOULOS/PRESIDENT	Name and Title	:: JENNIFER GIRALDOZVICE PRESIDENT
Address	7491 N. FEDERAL HWY, STE C-5	Address:	7491 N. FEDERAL HWY. STE C-5
	BOCA RATON, PL 33487	_	BOCA RATON, FL 33487
Name and Title:		— Name and Title	:
Address		Address:	
		_	
Name and Title:		Name and Title	:
Address		Address:	
		_	

May. 43.	2024	4:518
	3 1	4 TM:

H24400011128 25 No. 1443 1. 3

Name a	and Title:	Name and Title:		
Addre	ss	Address:		
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) or	f the registered agent is:		
Name:	TOM PAPADOPOULOS	_		
Address:	7491 N. FEDERAL HWY. STE C-5	<u></u>		
	BOCA RATON, FL 33487	_		
<u>ARTICLE VII</u>	INCORPORATOR			
The name and a	address of the Incorporator is:			7
Name:	LAWRENCE KIRSCH	_	-	محسوا
Address:	41 STATE STREET STE 700	_	16	
	ALBANY, NY 12207	_	F STATE	
Effective date, i	EFFECTIVE DATE: If other than the date of filing: date is listed, the date must be specific and cann	(OPTIONAL) ot be more than five days pr) rior or 90 days after the	
Note: If the dat the document's	te inserted in this block does not meet the applicable effective date on the Department of State's records	e statutory filing requirements i.	i, this date will not be listed	l as
Having been na certificate, I am	med as registered agent to accept service of process f I familiar with and accept the appointment as regis	for the above stated corporation stered agent and agree to act	n at the place designated in in this capacity	this
	112		5/13/24	
	Required Signature/Registered Agent		Date	_
document to the	cument and affirm that the facts stated herein are Popartment of State constitutes a third degree fel Lanuar A Liesh	true. I am aware that the failony as provided for in s.817.	lse information submitted (155, F.S.	in a
	~		5/13/24	
Required Signat	ure/incorporator		Date	