

P99000009229

THOMAS F. DICKSON
2159 BROAD WATER DR.
JACKSONVILLE, FL 32225

City/State/Zip

Phone #

(904) 645-3662

-000002741340
01/14/99 01047 001
122.50 78.75

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
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(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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99 JAN 29 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Original Validation lost
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1-29-99
6

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 20, 1999

THOMAS F. DICKSON
2159 BROAD WATER DR.
JACKSONVILLE, FL 32225

SUBJECT: APS SOUTHEAST, INC.
Ref. Number: W99000001425

We have received your document for APS SOUTHEAST, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please correct the address in article IV.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6930.

Carolyn Batten
Document Specialist

Letter Number: 099A00002555

ARTICLES OF INCORPORATION

OF

APS Ground Control, Inc.
~~APS SOUTHEAST, INC.~~

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: *APS Ground Control, Inc.*
~~APS SOUTHEAST, INC.~~

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be:
2159 BROAD WATER DR.
Jacksonville, FL 32225

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100,000

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TALLAHASSEE, FLORIDA

**ARTICLE IV INITIAL REGISTERED
AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

THOMAS F. DICKSON

2159 BROAD WATER DR.

Jacksonville, FL 32225

ARTICLE V INCORPORATOR(S)

The name(s) and address(es) of the incorporator(s) to these
Articles of Incorporation is(are)

THOMAS F. DICKSON

2159 BROAD WATER DR.

Jacksonville, FL 32225

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 28th day of December, 1998.

Thomas F. Diehn
Signature

Signature

Signature

Articles of Incorporation Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: ~~APS SOUTHEAST, INC.~~ *APS Ground Control, Inc*
2. The name and address of the registered agent and office is:

THOMAS F. DICKSON

(Name)

2159 BROAD WATER DR

(Post Office Box *not* acceptable)

Jacksonville, FL 32225

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Thomas F. Dickson *1-7-99*

(Signature)

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TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL