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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: APX Net Inc.	
Name of corporation - must include s	uffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to "Certificate of Existence," or "Certificate of Good Standing" and check above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following	:
Heidi Burns Wood	
Name of Person	
APX Net	
Firm/Company	
2 School Street, Suite 2	
Address	
Berwick, ME 03901	
City/State and Zip code	
bmacrum@apxnet.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, please call:	
Heidi Burns Wood at (877) 257-0481	
Heidi Burns Wood at (877) 257-0481 Name of Person Area Code & Daytime	Telephone Number
New Filing SectionNew FDivision of CorporationsDivisionClifton BuildingP.O. B	AING ADDRESS: Giling Section on of Corporations ox 6327 assee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\times \text{Certificate of Status}\$ \$78.75 Filing Fee & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	E WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SU REIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLOI		
1. APX Net, Inc	C.		
(Enter name of o	corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," Corp," "Inc," "Co," or "Corp.")	1	
(If name unavail	lable in Florida, enter alternate corporate name adopted for the purpose of transacting b	usiness in Florida)	
2. Maine	3 45-3045726		
	under the law of which it is incorporated) (FEI number, if applications)	ble)	
4. 7/14/2011	_{5.} perpetual		
(Date	of incorporation) (Duration: Year corp. will cease to exi	st or "perpetual")	
6. Upon registi	ration		
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
7. 2 School S	treet, Suite 2, Berwick, ME 03901		
	(Principal office address)		
same as a			
	(Current mailing address)		
g reseller of	data transmission packages		
	s) of corporation authorized in home state or country to be carried out in state of Florida	1)	
9. Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable)		
Name:	InCorp Services, Inc.		
Office Address:	17888 67th Court North		
	Loxahatchee , Florida 33470		
	(City) (Zip code)		
Having been nam designated in this further agree to c	gent's acceptance: led as registered agent and to accept service of process for the above stated con application, I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper and complete per with and accept the obligations of my position as registered agent. Liset Robles on behalf of Incorp Ser	act in this capacit erformance of my t	ty. I
7	(Registered agent's signature)	*	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

•12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: CD CD Address: _ Director: _ Address: _ **B. OFFICERS** President: Jeffrey S Wood, CEO Address: 719 Morrills Mill Rd North Berwick, ME 03906 Vice President: Heidi Burns Wood Address: 719 Morrills Mill Rd North Berwick, ME 03906 Secretary: _ Treasurer: ___ Address: __ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

(Typed or printed name and capacity of person signing application)

14. Jeffrey S Wood

State of Maine



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SECRETATE OF SHAPE TALL AND SHAPE OF SH

Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of organization, amendment and dissolution of corporations and annual reports filed by the same.

I further certify that APX NET is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is July 14, 2011.

I further certify that said business corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the charter and that according to the records in the Department of the Secretary of State, said corporation is a legally existing business corporation in good standing under the laws of the State of Maine at the present time.

In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this eighteenth day of November 2012.

Charles E. Summers, Jr.
Secretary of State