Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

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

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION APEREK, INC.

| Certificate of Status | 0 |
|-----------------------|------------|
| Certified Copy | 1 |
| Page Count | 06 |
| Estimated Charge | \$2,678.75 |

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COVER LETTER

| TO: New Filing Section Division of Corporations | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| SUBJECT: Aperek, Inc. | | |
| Name of c | orporation - must include suffix | |
| Dear Sir or Madam: | | |
| | ration for Authorization to Transact Business in Florida," Good Standing" and check are submitted to register the act business in Florida. | |
| Please return all correspondence concerning | his matter to the following: | |
| Ryan D. Taylor | | |
| | Name of Person | |
| McGuireWoods LLP | | |
| | Firm/Company | |
| 77 West Wacker Drive, Suite 4100 | | |
| | Address | |
| Chicago, IL 60601 | | |
| C | ty/State and Zip code | |
| Phil.Sandy@apcrek.com | • | |
| E-mail address: (to | be used for future annual report notification) | |
| For further information concerning this matter | r, please call: | |
| Ryan D. Taylor at | 312 , 849-3672 | |
| Name of Person | Area Code & Daytime Telephone Number | |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | |
| Enclosed is a check for the following amount | : | |
| ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fe Certificate of S | • • • • • • • • • • • • • • • • • • • • | |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| | p," "Inc," "Co," or "Corp.") | | | _ |
|------------------------------------|---------------------------------------------------------------|------|-----------------------------------------------------------|--------|
| • | le in Plorida, enter alternate corporate na | | dopted for the purpose of transacting business in Florida | , |
| 2. North Carolina | | | (FEI number, if applicable) | _ |
| (State or country | under the law of which it is incorporated | , | (ret number, it applicable) | |
| 4. 06/23/2000 | | 5. | Perpetual | |
| (Date | f incorporation) | | (Duration: Year corp. will cease to exist or "perpetual" | • |
| 08/01/2000 | | | | |
| 7. 8540 Colonnade C | enter Drive, Suite 201, Raleigh, NC 2761 (Principal office | | (CS) | : - |
| | | | | |
| | (Current mailing | addı | ress) | |
| 8. Name and <u>street</u> Name: | gddress of Florida registered agent: C T Corporation System | | 171) **** | |
| | address of Florida registered agent: | | D. Box NOT acceptable) | |
| Name: | address of Florida registered agent: | | D. Box NOT acceptable) | |

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Kristin Bolden

(Registered agent's signature)

Kristin Bolden

Assistant Socretary

10. 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.

| 11. Nan | nes and business addresses of officers and/or directors: | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------|--|--|--|--|
| A. DIR | ECTORS | | | | | |
| Chairman | Ronald J. Kupferman | | | | | |
| Address: | 8540 Colonnade Center Drive, Suite 201 | | | | | |
| | Releigh, NC 27615 | | | | | |
| Vice Cha | irmen: | | | | | |
| Address: | | | | | | |
| | | | | | | |
| Director: | Michael Merwarth | | | | | |
| Address: | 8540 Colonnade Center Drive, Suite 201 | | | | | |
| | Raleigh, NC 27615 | | | | | |
| Director: | Steve Inacker | | | | | |
| Address: | 8540 Colonnade Center Drive, Suite 201 | | | | | |
| | Raleigh, NC 27615 | Price Th | | | | |
| B. OFF | ICERS SEE ATTACHMENT | 图 第 | | | | |
| President | Michael Merwarth | سد المراجعة | | | | |
| | 8540 Colonnade Center Drive, Suite 201 | Trans | | | | |
| | Raleigh, NC 27615 | | | | | |
| Vice Pres | sident: | | | | | |
| Address: | | 3. | | | | |
| , , , , , , , , , , , , , , , , , , , , | | <u> </u> | | | | |
| Secretary | , Philip G. Sandy | | | | | |
| Address: | 8540 Colonnade Center Drive, Suite 201, Raleigh, NC 27615 | | | | | |
| Treasure | Philip G. Sandy | | | | | |
| | 8540 Colonnade Center Drive, Suite 201, Raleigh, NC 27613 | | | | | |
| NOTE: | If necessary, you may attach an addendum to the application listing additional officers and/or of | firectors. | | | | |
| 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. | | | | | | |
| 13. Phil | ip G. Sandy, Secretary (Typed or printed name and capacity of person signing application) | | | | | |
| | (1) Abore of farmers merrie errer cohecity, of fections different abbreauting) | • | | | | |

Attachment to Florida Officers & Directors

1 Full Name: Michael Merwarth

Officer/Director: Officer

Officer's Title: Chief Executive Officer

Director's Title:

Business Address: 8540 Colonnade Center Drive, Suite 201

City: Raleigh
State: NC
ZIP Code: 27615

2 Full Name: Philip G. Sandy

Officer/Director: Officer

Officer's Title: Chief Financial Officer

Director's Title:

Business Address: 8540 Colonnade Center Drive, Suite 201

City: Raleigh
State: NC
ZIP Code: 27615

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NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

APEREK, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 23rd day of June, 2000, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

Certification# 95858453-1 Reference# 12146925- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 13th day of August, 2014.

Elaine J. Marshall

Secretary of State