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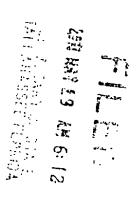
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
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WH 30 2019 RIS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: APT Apartment Name of corporati	's LLC
Name of corporati	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact businesses."	anding" and check are submitted to register the
Please return all correspondence concerning this mat	
Alvin Phillip Name o	C
Name (of Person
Firm/Co	• •
10200 Gandy A	8/vd N # 1304
Ad	dress
ST Petersonry / City/State	F/ 33702
City/State	and Zip code
Alvin Phillips Q-Y	d for future annual report notification)
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, pleas	e call:
11 21 11	
Name of Person at (862) Area C	, 205-9545
Name of Person Area C	ode Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee &	□ \$78.75 Filing Fee & \$87.50 Filing Fee.
Certificate of Status	Certified Copy Certificate of Status &

Certified Copy



May 18, 2018

ALVIN PHILLIPS 10200 GANDY BLVD N #1304 ST PETERSBURG, FL 33702

SUBJECT: APT APARTMENTS LLC

Ref. Number: W18000047998

We have received your document for APT APARTMENTS LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

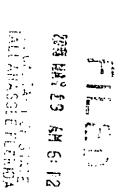
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 918A00010473





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.

1. API	Apartments LLC				
(Enter name of "Inc.," "Co.," "	corporation; must include "INCORPORATED," ' "Corp," "Inc." "Co." or "Corp.")	"COMPANY," "CORPORAT	ION."		
	N/A				
(If name unava	ilable in Florida, enter alternate corporate name ad	opted for the purpose of transa	cting business in Florida)		
2. Pelan	atry under the law of which it is incorporated)	NA			
(State or cour	ntry under the law of which it is incorporated)	(FEI number, if applicable)			
4. 02/0	02/2017 5.	NA			
(Da	nte of incorporation)	(Date of duration, if ot	her than perpetual)		
6	N/A				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		ability)		
7. 10200	Candy B/Vd N# 1304 (Principal	ST Petersburg	F1 73702		
	/ (Principal	office address)			
			<u> </u>		
	(Current mailing	address, if different)	The state of the s		
			The second secon		
8. Name and str	eet address of Florida registered agent: (P.O.	Box NOT acceptable)	in the pres		
Name:	Alvin Phillips				
Office Address:	10200 Gandy Blad N # 13				
	ST Perfersburg Ft 33702 (City)	Florida <u>33702</u>	\$10 B		
	(City)	(Zip code)			

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.

(Registered agent's signature)

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.

	s and business add	dresses of office	ers and/or o	directors:					
A. DIRE	CTORS ,	01-11-							
Chairman:	fluin f	h. //1/25							
Address: _	Alvin 1 10200	bandy	Blud	N # 1304	1 ST Per	crsburg	Fl	3.:	1702
_	 								
Vice Chair	nan:			-		··-·			
Address: _				·					
_		= :							
Director: _	.								
Address: _				_					
-									
B. OFFI	CERS								
President:	-								
Address: _			- <u>-</u>						
-									
Vice Presic	lent:				<u>.</u>		<u></u>	1500	
Address: _	_							<u>ःस</u> सर	ومرابع
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- Secretaria				-		 -	;;; <u>_</u> ;	(M)	1
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Address: _		·	-			 			
NOTE: I	f necessary, you n	nay attach an ad	ldendum.to	the application	fisting addition	al officers ar	id/or d	lirecto	ors.
12	·····		J.C.	of Director or O	2 LL 4	20			
are true ar	or or director signified that he or she is gree felony as prov	ng this docume aware that fals vided for in s.81	nt (and wh se informat 17.155, F.S	o is listed in nun ion submitted in	nber 11 above) a document to	the Departm			
13	Alvin P	hillips	(Chairman	n				
	(Ty	ped or printed i	name and c	apacity of perso	n signing appli	cation)			



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "APT APARTMENTS LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE NINTH DAY OF MAY, A.D. 2018.



Authentication: 202658004

Date: 05-09-18

6302072 8300 SR# 20183316553