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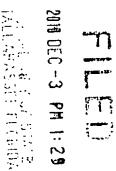
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### **COVER LETTER**

_	stration Section ion of Corporations						
SUBJECT:	APIT Solutions, Inc						
Name of corporation - must include suffix							
Dear Sir or M	ladam:						
"Certificate o	"Application by Foreign C of Existence," or "Certificance or corporation to	te of Good Stan	ding" and check are subm				
Please return Colleen Clarke	all correspondence concer e Romero	ming this matter	to the following:				
		Name of I	Person	<u>.                                      </u>			
APIT Solution	s, Inc						
13645 Queens	Harbor Blvd N	Firm/Com	pany				
Jacksonville, F	Florida 32225	Addre	SS				
		City/State ar	nd Zip code	<del></del>			
cleeromero@g					201		
			or future annual report no	tification)	0EC		
For further in	formation concerning this	matter, please c	all:	() ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	ယ်		
Colleen Clarke	: Romero	301 at (	904-9750	r12.	<b>P</b> []		
Name	e of Person	Area Code	Daytime Telepho	ne Number 85	1:29		
Regis Divisi Clifto 2661	EET/COURIER ADDRE stration Section ion of Corporations on Building Executive Center Circle hassee, FL 32301	SS:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclosed is a	check for the following an	nount:					
□ \$70.00 Fil	ing Fee		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Certificate of Certified Cop	Status &		

#### 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.

	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D."	"COMPANY," "CORPORATION,"		
APIT Solutions.	Inc				
(If name unavaila Maryland	able in Florida, enter alternate corporate nam		52-1763884		
(State or country 01/16/1990	y under the law of which it is incorporated)		(FEI number, if applicable)		
(Date 11/27/2018	(Date of incorporation)		(Date of duration, if other than perpetual		
13645 Queens Ha	(SEE SECTIONS 607.1501 & 607 irbor Blvd N	7.150	Florida, if prior to registration) 02, F.S., to determine penalty liability) al office address)		
Jacksonville, Flo	·	стра	ir Office address)	<del></del>	
	(Current ma	iling	g address, if different)	DEC	
<ol><li>Name and <u>street</u></li></ol>	<u>t address</u> of Florida registered agent: (	P.O	. Box NOT acceptable)	$\lim_{\Omega \to 0} \frac{\partial}{\partial x}$	
Name:	Colleen Clarke Romero				
Office Address: 13645 Quee:  Jacksonville	13645 Queens Harbor Blvd N			_: <b>2</b>	
	Jacksonville		32225 . Florida		
	(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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Colleen Clarke Romero 13645 Queens Harbor Blvd N Address: Jacksonville, Florida 32225 Steven Bildman Vice Chairman: 13738 Chatsworth Lane Address: Jacksonville, Florida 32225 N/A Director: \_ Address: Director: Address: \_\_\_ **B. OFFICERS** Colleen Clarke Romero President: 13645 Queens Harbor Blvd N Address: \_ Jacksonville, Florida 32225 Vice President: Address: \_\_ Steven Bildman Secretary: 13738 Chatsworth Lane Jacksonville, Florida 32225 Address: Steven Bildman Treasurer: 13738 Chatsworth Lane Jacksonville, Florida 32225 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 11 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.

Colleen Clarke Romero President

## STATE OF MARYLAND Department of Assessments and Taxation

I. MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT AIRPORT PROPERTIES, INC. (D02938850), INCORPORATED JANUARY 16, 1990, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 30, 2018.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

> Online Certificate Authentication Code: 8GbyC70syUKtcPRtpRYWSQ To verify the Authentication Code, visit http://dat.maryland.gov/verify