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## COVER LETTER

		•			
TO:	Registration Section Division of Corporations				
SUBJ	JECT: A.P. Keaton, Inc.				
		ne of corporation	ı - must	include suffix	
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Foreign ficate of Existence," or "Certific referenced foreign corporation t	ate of Good Stan	nding" a	nd check are sub	
Please	return all correspondence conce	erning this matter	r to the 1	ollowing:	
		Ryan Gol	ldstein		
	· · · · · · · · · · · · · · · · · · ·	Name of	Person	· ·· ·	
		A.P. Kea	ton, Inc.		
		Firm/Con	npany		· · · · · · · · · · · · · · · · · · ·
		5 Grace Ave	e., First I	loor	
		Addr	ess		
		Great Necl	k, NY 11	021	
		City/State a	nd Zip o	ode	
		ryan@apke			
	E-mail add	ress: (to be used t	for futur	e annual report i	notification)
For fu	rther information concerning thi	s matter, please o	call:		
Vijay I	Rajagopal	at (	390-	2505	
	Name of Person	Area Cod	e	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please	make check payable to: <b>FLORIDA</b> 0.00 Filing Fee	DEPARTMENT	∃ \$78.7:	ATE 5 Filing Fee & ied Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy

### 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 "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	ON."	
APK, Inc.	rp, me, co, or corp. )			
(If name unavaila	ble in Florida, enter alternate corporate name a	idopted for the purpose of transac	ting business in Florida)	
2. New York	2	37-1842458		
(State or country	y under the law of which it is incorporated)	(FEI number, if	applicable)	
	rr 1.4, 2016			
	of incorporation)	(Date of duration, if other than perpetual)		
6.				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liab	oility)	
7	5 Grace Ave., First Floor	, Great Neck, NY 11021		
/·	(Principal offic	ce street address)		
			د	
	(Current mailing	g address, if different)		
			1	
8. Name and stree	t address of Florida registered agent: (P.O	. Box NOT acceptable)	,	
Name:	Alyse Pask			
	1214 Lake Hanna Drive	<del></del>	<u> </u>	
Office Address:		22510	5	
		, 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.

A. DIRECTORS	•			•
□Chairman	Name: Ryan Goldstein	□Chairman	Name:	
□Vice Chairman	5 Grace Ave., First Floor Address:	□Vice Chairman	Address:	
Director	Great Neck, NY 11021	□Director		
President		President		
□Vice President		□ Vice President		
□Secretary	□Treasurer	Secretary		Treasurer
Other	Other	□Other		Other
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	···
Director		□Director		
□President		□President		<u> </u>
□Vice President		☐ Vice President		
☐ Secretary	□Treasurer	□Secretary		Treasurer
□Other	Other	Other		Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		□Director		
□President		□President		
□Vice President		□Vice President	<del></del>	
□Secretary	□Treasurer	□Secretary		Treasurer
Other	□Other	□Other		Other
	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Departme			ses only. Non-indexed
12.	Signature of Director o	r Officer	<del> </del>	······································
	ctor signing this document (and who is listed in number alse information submitted in a document to the Departs			
13	Ryan Goldstein, President			

### State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of A P KEATON, INC. was filed on 11/14/2016, under the name of APK MERGER CORP., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment APK MERGER CORP., changing its name to A P KEATON, INC., was filed 11/18/2016.



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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 24th day of November two thousand and twenty.

Braden Co Higher

Brendan C Hughes
Executive Deputy Secretary of State