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(((H22000312500 3)))



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To:	Division of Co	rporations
		: (850)617-6383
From:		
	Account Name	: CAPITOL SERVICES, INC.
	Account Number	: 120160000017
	Phone	: (855)498-5500
	Fax Number	: (800)432-3622
		for this business entity to be used for future
annua	al report mailin <sub>t</sub>	gs. Enter only one email address please.**

## FOREIGN PROFIT/NONPROFIT CORPORATION APOLLO BEATS, INC.

Certificate of Status	0
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Page Count	04
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Help

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ	ECT: Apollo Bo	eats, Inc.			
20150		Name of	corporation	- must include suffix	
Dear S	ir or Madam:				
"Certif	ficate of Existence		f Good Stand	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.	
Please	return all corresp	ondence concerning	this matter	to the following:	
Cartlyr	Knudson				
			Name of I	Person	
Koenig	g, Oelsner, Taylor, S	Schoenfeld & Gaddis	PC		
			Fimi/Comp	pany 12	
999 18	th Street, Suite 174	0, South Tower		pany 22	
			Addre:	ess (C)	
Denvei	r. CO 80202			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
		(	City/State an	<del></del>	
cknuds	on@kofirm.com			-	
		E-mail address: (	to be used fo	or future annual report notification)	
For fur	ther information	concerning this mat	ter, please ca	all:	
Caitlyn Knudson		303	672-0115		
	Name of Persor		Area Code	Daytime Telephone Number	
	Registration Sec Division of Corp The Centre of T	oorations allahassee : Street, Suite 810		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please r		he following amour to: FLORIDA DEP.  S78.75 Filing I Certificate of S	ARTMENT : fee & □	OF STATE  3 \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy Certified Copy	

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA H22000309639

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. Apollo Beats, Ir	nc.	_				
	orporation; must include "INCORPORATED orp." "Inc," "Co," or "Corp.")	Э." "	COMPANY," "CORPORATION,"			
(If name unavails	able in Florida, enter alternate corporate name	ne ado	pted for the purpose of transacting busi	ness in Florida)		
<sub>2</sub> Delaware	Delaware		88-4047466 3.			
(State or countr	y under the law of which it is incorporated)					
4. 09/06/2022	5	5.				
	of incorporation)		(Date of duration, if other than perpetual)			
6. 09/06/2022						
77		_				
Fort Lauderdale,	•	mce,	street address)			
		ling a	ddress, if different)	<u> </u>		
8. Name and stree	et address of Florida registered agent: (P.	.O. I	Box NOT acceptable)	l CD		
Name:	CAPITOL CORPORATE SERVICES, IN	۷C.	<u></u>	Pi		
Office Address:	515 EAST PARK AVENUE 2ND FL		_	بي		
	TALLAHASSEE		— . Florida <sup>32301</sup>	c.		
	(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.

Toylor Suy

Taylor Seay, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.

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.

## DocuSign En/elope ID D4A437FD-527A-45DE-98A8-F8ACAAB4F57D

H22000309639

A. DIRECTORS				1122000307037	
□Chairman	Daniel Z. Perdeck Name:	□Chairman	Name:		
□Vice Chairman	Address: 600 W Las Olas Blvd, Apt 2005	□Vice Chairman	Address:		
Director	Fort Lauderdale, FL 33312	Director			
<b>≅</b> President		□President			
□Vice President		□Vice President			
■ Secretary	□Treasurer	□Secretary		□Treasurer	
■Other CEO	Other	Other	<del></del>	Other	
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address.	□Vice Chairman			
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
□ Secretary	□Treasuter	☐ Secretary		Treasurer	
□Other	□Other	□Other	<del></del>	Other 2	
				<i>€</i> ?	
□Chairman	Name.	□Chairman	Name:	_ · · _ · ·	
□Vice Chairman	Address:	□Vice Chairman	Address:	<u> </u>	
□Director		Director			
□President		□President			
□Vice President		□Vice President			
☐Secretary	Treasurer	☐Secretary		☐Treasurer	
□Other	Other	Other		□Other	
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be index when filing your Florida Department of State Annual Report form.  12. 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.

Daniel Z. Perdeck, President

# Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "APOLLO BEATS, INC." IS DULY

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

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "APOLLO BEATS,

INC." WAS INCORPORATED ON THE SIXTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

2022 SEP -8 PM 3: 13

at corp. delaware.gov/auth

Authentication: 204340677

Date: 09-08-22

7011304 8300 SR# 20223469636

You may verify this certificate online at corp.delaware.gov/authver.shtml