F2300000712

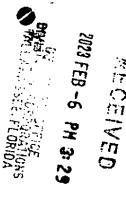
(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
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S. FRANKLIN FEB 0 7 2013



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230; Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 346291 8398499

COST LIMIT : \$ 70.00

AUTHORIZATION :

ORDER DATE: January 11, 2023

ORDER TIME : 2:47 PM

ORDER NO. : 346291-015

CUSTOMER NO: 8398499

FOREIGN FILINGS

NAME: AP GP 2, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AP GP 2, Inc.	
	ntion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but	
Please return all correspondence concerning this m	atter to the following:
Luis Vacanti	
Namo	e of Person
Analytic Partners, LP	F-7
Firm/	Company
1441 Brickell Avenue, Suite 1220	•
A	ddress
Miami, Florida. 33131	
City/Sta	ate and Zip code
luis.vacanti@analyticpartners.com	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Luis Vacanti 786	749-6960
Name of Person Area	Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTM! \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	ENT OF STATE S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

Delaware		
	3.	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
March 21, 2022	5.	
(Date	of incorporation)	(Date of duration, if other than perpetual)
	(Date first transacted business in CSEE SECTIONS 607.1501 & 607.150	2, F.S., to determine penalty liability)
251 Litlle Falls D	rive, Wilmington, New Castle Conty, Delaware,	
	(Principal office	e <u>street</u> address)
	(Current mailing	address, if different)
Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)
Name:	Corporation Service Company	••
ranic.	1201 Hays Street	
ffice Address:		
fice Address:		, Florida 32301(Zip code)

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.

(Registered agent's signature)

DocuSign Envelope ID: 58FD3A53-066D-4E7C-AC15-D2BD40F8078D A. DIRECTORS Omar Dennis Nancy Smith □ Chairman Name: □ Chairman 1441 Brickell Avenue 1441 Brickell Avenue ☐ Vice Chairman Address: Address: ☐ Vice Chairman Suite 1220, Miami, Florida, 33131 Suite 1220, Miami, Florida 33131 Director Director □President □President □Vice President _____ □ Vice President □ Treasurer □ Secretary □ Secretary ☐Treasurer □Other _____ □Other _____ □Other _____ □Other _____ □ Chairman Name: _____ □ Chairman Name: ______ □Vice Chairman Address: _____ □Vice Chairman Address: ______ □ Director □Director □President □President □Vice President _____ ☐ Vice President □ Secretary Treasurer ☐Treasurer (□ Secretary □Other _____ □Other _____ □Other _____ □Other __ □ Chairman Name: _____ □ Chairman Name: ____ □Vice Chairman Address: _______ □Vice Chairman Address: □ 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 added to the index when filing your Florida Department of State Annual Report form.

12.	Omar	Dunis	

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.

13. Omar Dennis, Director

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AP GP 2, 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 SIXTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AP GP 2, INC."

WAS INCORPORATED ON THE TWENTY-FIRST DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

Authentication: 202649789

Date: 02-06-23