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| (Requestor's Name)        |                  |           |
|---------------------------|------------------|-----------|
| (Address)                 |                  |           |
| (Address)                 |                  |           |
| (City/State/Zip/Phone #)  |                  |           |
| PICK-UP                   | ☐ WAIT           | MAIL      |
| (Business Entity Name)    |                  |           |
| (Document Number)         |                  |           |
| Certified Copies          | _ Certificates   | of Status |
| Special Instructions to I | Filling Officer: | 5RIC      |
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#### AAPEX FINANCIAL SOLUTIONS, LLC 160 COMMERCIAL DRIVE, SUITE 101 COLUMBIA. SC 29212

August 10, 2005

#### **VIA OVERNIGHT EXPRESS**

Registration Section Division of Corporations 409 E Gaines Street Tallahassee, Florida 32399

> RE: APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Dear Sir or Madam:

Enclosed please find a completed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida" for Aapex Financial Solutions, LLC and a check in the amount of One Hundred Twenty-five and No/100 (\$125.00) Dollars for the applicable filing fee.

If you have any questions or comments, or need any additional information, please do not hesitate to contact me.

Sincerely,

Seleccah A. Melton (803) 237-8031

Enclosure /ram

#### TRANSMITTAL LETTER

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited

TO:

Registration Section
Division of Corporations

liability company to transact business in Florida..

Tallahassee, Florida 32399

\$125.00 Filing Fee

Enclosed is a check for the following amount:

Please return all correspondence concerning this matter to the following:

| Rebeccah Melton (Name of Person)   |  |  |
|--|--|--|
|  | N/A<br>Firm/Company)   |  |
| 106 Cedar Field Lane   |  |  |
| Columbia   | (Address)  State and Zip Code)   |  |
| For further information concerning this matter, p                                  |  |  |
| Rebeccah Melton (Name of Person)   | at (803) 237-803 (Area Code & Daytime Telephone Number)                      |  |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 |  |

□ \$130.00 Filing Fee & □ \$155.00 Filing Fee &

Certificate of Status

Tallahassee, Florida 32314

Certified Copy

□ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN (Jurisdiction under the law of company is organized) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

1. The name of the Limited Liability Company is:

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature) JOAN BOLDEN
(Signature) ASSISTANT SECRETARY

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

## The State of South Carolina



## Office of Secretary of State Mark Hammond

### **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

AAPEX FINANCIAL SOLUTIONS LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on June 29th, 2005, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 5th day of August, 2005.

Mark Hammond, Secretary of State