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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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#### COVER LETTER

TO: **New Filing Section Division of Corporations** ApotheosisManagement Group LLC Name of corporation - must include suffix Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: Robert H Bocker III Name of Person Apotheosis Management Group LLC Firm/Company 3470 E Coast Ave H1801 Address Miami, FL 33137 City/State and Zip code RHB3@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:  $\underset{\text{Area Code \& Daytime Telephone Number}}{\text{Assign}} 490.7883$ Gina Lopez Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: **New Filing Section New Filing Section** Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 Enclosed is a check for the following amount:

□ \$78.75 Filing Fee &

Certified Copy

□ \$70.00 Filing Fee

□ \$78.75 Filing Fee & Certificate of Status

\$87.50 Filing Fee,

Certified Copy

Certificate of Status &



June 18, 2014

ROBERT H BOCKER III 3470 E COAST AVE H1801 MIAMI, FL 33137

SUBJECT: APOTHEOSIS MANAGEMENT GROUP LLC

Ref. Number: W14000037972

We have received your document for APOTHEOSIS MANAGEMENT GROUP LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please note the additional filing fee. I have retained your CUS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 614A00013214

#### **COVER LETTER**

TO: **Registration Section Division of Corporations** 

#### Apotheosis Management Group LLC

Name of Limited Liability Company

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 liability company to transact business in Florida..

Please return all correspondence concerning this matter to the	following:				
Robert H Bocker III					
N	Name of Person				
Apotheosis Management Group LLC					
Firm/Company					
3470 E Coast Ave H1801					
Address					
Miami, FL 33137					
City/S	tate and Zip Code				
RHB3@aol.com					
E-mail address: (to be use	d for future annual rep	ort notification)			
For further information concerning this matter, please call:					
Robert H Bocker III	786	397.1924			
Name of Contact Person	Area Code	Daytime Telephone Number			

#### **MAILING ADDRESS:**

**Division of Corporations** Registration Section P.O. Box 6327 Tallahassee, FL 32314

#### STREET ADDRESS:

**Division of Corporations** Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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□ \$130.00 Filing Fee & □ \$125.00 Filing Fee Certificate of Status

□ \$155.00 Filing Fee & 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Apotheosis Management Group LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
Apotheosis Management Group LLC	
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must in itability Company," "L.L.C," or "LLC.")	iclude "Limited
Delaware 3.	
(Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)	
No business has been conducted as of yet since forming company	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
3470 E Coast Ave H1801 Miami, FL. 33137	
(Street Address of Principal Office)	
*- <u></u>	2 h
3470 E Coast Ave H1801 Miami, FL. 33137	
(Mailing Address)	35 <b>c</b>
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/	are:
Robert H Bocker III MGR	
	<del></del>
3. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by	v the official
naving custody of records in the jurisdiction under the law of which it is organized. (A photocopy acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of must be submitted)	y is not
Signature of an authorized person in accordance with section 605.0203, F.S., the execution of this accument constitutes an affirmation under the penalties of perjury that the fact may aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.81	s stated herein are true. (7.155, F.S.)

Robert H Bocker III

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	the Limited Liability Comp sis Management	•	
If unavailable, t	he alternate to be used in th	e state of Florida is:	
2. The name an	d the Florida street address	of the registered agent and office are:	——————————————————————————————————————
	REGISTERE	D AGENTS INC.	
		(Name)	
	3030 N. Rock	ky Point Dr., STE 150A	A P
	Florida Street Ad	dress (P.O. Box NOT ACCEPTABLE)	
	Tampa	<sub>FL</sub> 33607	6 G
		City/State/Zip	

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 605, Florida Statutes.

Dan Keen - President

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "APOTHEOSIS MANAGEMENT GROUP LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF MAY, A.D. 2014.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "APOTHEOSIS MANAGEMENT GROUP LLC" WAS FORMED ON THE FOURTH DAY OF APRIL, A.D. 2013.

5314301 8300

140761069

Jeffrey W. Bullock, Secretary of State
AUTHENTY CATION: 1411297

DATE: 05-30-14

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