50000 0:57 PM -0400

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000067589 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL

Account Number: I20050000052

Phone : (850)656-7956

Fax Number

: (850)656-7953

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company

AEP Charter Putnam, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$763.75

JAX

Dalo: 03/17/2015 03:39:47 PM

Pages: 4

Subject: AEP Charter Putnam, LLC

Jo:

Organization:

Jax Number: 18506176383

Phone Number:

From:

Organization:

Jax Number:

Phone Number:

Email: ksharpe@incserv.com

Comments:

Attention: Foreign LLC Filing Dept.

[cid:image010.png@01D0160A.55D6AA00]<htps.INCserv.com>

Kim Sharpe
Assistant Vice President
Incorporating Services, Ltd.
548 Old Mill Village Drive
Apex, NC 27502
855.541.1705
919.629.6194 (direct)
INCserv.com<https://www.incserv.com/>

MyISL(tm) now features Virtual SOP! Among its many features, MyISL(tm) offers 24/7 online Service of Process (SOP) tracking capabilities. Within this secure client portal, each SOP is logged, providing all the pertinent details pertaining to each SOP event. Starting March 1, document images will also be viewable by users.

Fax Toda

	E COM STANCE
If you received this fax in error, or would like to opt-out, please call	, fax
or email	

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

Delaware Jurisdiction under the law of which foreign limited liability (Date first transacted business in Florida, if prior to registration.) (See rections 603.0904 & 605.0905, F.S. to determine penalty liability) 225 SW Broadway, Suite 300 Portland, Oregon 97205 (Street Address of Principal Office) (Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: read Coburn, CFO 225 SW Broadway, Suite 300 Portland, Oregon 97025 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official ving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator		Liability Company," "L.L.C.," or "LLC.")
Jurisdiction under the law of which foreign limited liability (Date first transacted business in Florida, if prior to registration.) (See rections 605,0904 & 605,0905, F.S., to determine penalty liability) 225 SW Broadway, Suite 300 Portland, Oregon 97205 (Street Address of Principal Office) (Street Address of Principal Office) (Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: red Coburn, CFO 225 SW Broadway, Suite 300 Portland, Oregon 97025 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official ving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not septable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator ust be submitted) Signature of an authorized person Signature of an authorized person Signature of an authorized person provided for in £817,155, F.S.)	ability Company," "L.L.C." or "LLC.")	usiness in Piorida. The alternate name must include "Limited
(Dain first terms sold business in Florida, if prior to registration.) (See rections 693,9904 & 693,9905, F.S., to determine penalty liability) 225 SW Broadway, Suite 300 Portland, Oregon 97205 (Street Address of Principal Office) 225 SW Broadway, Suite 300 Portland, Oregon 97205 (Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: red Coburn, CFO 225 SW Broadway, Suite 300 Portland, Oregon 97025 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official ving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator ust be submitted) Signalure of an authorized person Signalure of an authorized person Signalure of an authorized person provided for in 4.817.155, F.S.)	Delaware 3 3	
Portland, Oregon 97205 (Street Address of Principal Office) 225 SW Broadway, Suite 300 Portland, Oregon 97205 (Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: red Coburn, CFO 225 SW Broadway, Suite 300 Portland, Oregon 97025 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official wing custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator ust be submitted) Eval Column Signalure of an authorized person socordance with section 605,0203, F.S., the execution of fits document to the Department of State constitutes a filter degree filtery as provided for in 4.817.155, F.S.)	(Jurisdiction under the law of which foreign limited liability	
Portland, Oregon 97205 (Street Address of Principal Office) 225 SW Broadway, Suite 300 Portland, Oregon 97205 (Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: red Coburn, CFO 225 SW Broadway, Suite 300 Portland, Oregon 97025 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official wing custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator ust be submitted) Eval Column Signalure of an authorized person socordance with section 605,0203, F.S., the execution of fits document to the Department of State constitutes a filter degree filtery as provided for in 4.817.155, F.S.)		5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Portland, Oregon 97205 (Street Address of Principal Office) 225 SW Broadway, Suite 300 Portland, Oregon 97205 (Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: red Coburn, CFO 225 SW Broadway, Suite 300 Portland, Oregon 97025 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official wing custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator ust be submitted) Eval Column Signalure of an authorized person socordance with section 605,0203, F.S., the execution of fits document to the Department of State constitutes a filter degree filtery as provided for in 4.817.155, F.S.)	(Date first transacted business in Florida, if p	vior to registration.)
Portland, Oregon 97205 (Street Address of Principal Office) 225 SW Broadway, Suite 300 Portland, Oregon 97205 (Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: red Coburn, CFO 225 SW Broadway, Suite 300 Portland, Oregon 97025 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official wing custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator ust be submitted) Eval Column Signalure of an authorized person socordance with section 605,0203, F.S., the execution of fits document to the Department of State constitutes a filter degree filtery as provided for in 4.817.155, F.S.)		armine penany natinty)
Portland, Oregon 97205 (Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: rad Coburn, CFO 225 SW Broadway, Suite 300 Portland, Oregon 97025 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official ving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator ust be submitted) Eval. Likuw. Signature of an authorized person secondance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the possibles of parkery that the facts stated barels are to aware that any false information submitted in a document to the Department of State constitutes a fixed degree falony as provided for in a 2817.155, F.S.)		
Portland, Oregon 97205 (Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: rad Coburn, CFO 225 SW Broadway, Suite 300 Portland, Oregon 97025 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official ving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator ust be submitted) Signature of an authorized person accordance with section 605,0203, F.S., the execution of fair document constitutes an affirmation under the possible of perlury that the face stated herein are in aware that any false information submitted in a document to the Department of State constitutes a faired degree falony as provided for in a.817.155, F.S.)	(Street Address of Principe	Office)
(Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: rad Coburn, CFO 225 SW Broadway, Suite 300 Portland, Oregon 97025 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official ving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator ust be submitted) Eval Churu Signature of an authorized person soordance with section 605.0203, F.S., the execution of fits document sometimes an affirmation under the possibles of perjury that the face stated berein are in aware that any false information submitted in a document to the Department of State coastitutes as third degree falcey as provided for in a.817.155, F.S.)	225 SW Broadway, Suite 300	
The name, title or capacity and address of the person(s) who has/have authority to manage is/are: rad Coburn, CFO 225 SW Broadway, Suite 300 Portland, Oregon 97025 Attached is an original certificate of existence, no more than 90 days old, duly authonticated by the official ving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator ust be submitted) Signature of an authorized person socordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the possibles of perjuty that the facts stated herein are to aware that any false information submitted in a document to the Department of State constitutes a filter degree falony as provided for in a \$17.155, F.S.)	Portland, Oregon 97205	7
Portland, Oregon 97025 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official ving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator ust be submitted) Eval (clauxe)	(Mailing Address)	
Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official ving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator ust be submitted) Eval (show)	. The name, title or capacity and address of the person(s) where Coburn, CFO	o has/have authority to manage is/are:
Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official ving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator ust be submitted) Eval (clown Signature of an authorized person socordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the possibles of perjury that the facts stated herein are to a warre that any false information submitted in a document to the Department of State constitutes a third degree falony as provided for in a.817.155, F.S.)		
ving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator ust be submitted) Eval (claux) Signature of an authorized person socordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the possibles of perjury that the facts stated herein are in aware that any false information submitted in a document to the Department of State constitutes a fixed degree falcay as provided for in s.817.155, F.S.)	225 SW Broadway, Sulte 300	
Signature of an authorized person securion 605.0203, F.S., the execution of his document constitutes an affirmation under the possibles of perjuty that the facts stated herein are in aware that any false information submitted in a document to the Department of State constitutes a faird degree falony as provided for in s.317.155, F.S.)		
accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are it aware that any false information submitted in a document to the Department of State constitutes a faird degree falony as provided for in s.817.155, F.S.)	Portland, Oregon 97025 Attached is an original certificate of existence, no more than aying custody of records in the jurisdiction under the law of	which it is organized. (A photocopy is not
Bred Cohurn	Portland, Oregon 97025 Attached is an original certificate of existence, no more that aving custody of records in the jurisdiction under the law of exceptable. If the certificate is in a foreign language, a translatust be submitted)	which it is organized. (A photocopy is not
	Portland, Oregon 97025 Attached is an original certificate of existence, no more than aving custody of records in the jurisdiction under the law of eceptable. If the certificate is in a foreign language, a translat sust be submitted) Brad (down Signature of an author)	which it is organized. (A photocopy is not ion of the certificate under oath of the translator ized person

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.

1. The name	of the Limited Liability Cor	mpany is:	•
HEP	Charter	Putnam, LLC	
If unavailable	, the alternate to be used in	the state of Florida is:	
2. The name	and the Florida street addre	ss of the registered agent and office are:	
	NRAI Services, Inc.		SS. 94
•		(Name)	
	. 1200 South Pine Island Road	1	COALL CO
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	- 7 .
	Plantation	FL 33324	
		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.

By: NRAI Scrvices, Inc. Debbie Burne - ASSA Secretary
(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 HERBY CERTIFY "APP CHARTER PUTNAM, 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 SIXTEENTH DAY OF MARCH, A.D. 2015.

AND I DO HERBY FURTHER CERTIFY THAT THE SAID "AEP CHARTER"
PUTNAM, LLC" WAS FORMED ON THE TWELFTH DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5709174 8300

150364289

You may varify this certificate online at corp.delaware.gov/authwer.shtml

AUTHENTICATION: 2203485

DATE: 03-16-15