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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	APITLA, LLC		
SUBJEC		Limited Liability Company	
		pany for Authorization to Transact Business in Floric renced foreign limited liability company to transact be	
Please retu	urn all correspondence concerning this matter to the	e following:	
	DANIEL T. RAMSDELL		
	N	Name of Person	
	APITLA, LLC		
	Fi	irm/Company	
	1304 W BATTLEFIELD ROAD, SUITE B	3	
		Address	<u></u>
	SPRINGFIELD, MO 65807	, mm 1	FILE July 23
	City/S	State and Zip Code	LED 23 PA
	dan@ramsdelllaw.com		PER TO
	E-mail address: (to be used	d for future annual report notification)	<u> </u>
For further	r information concerning this matter, please call:	3	in to
I	DANIEL T. RAMSDELL	417 861-5661 at ()	
-	Name of Contact Person	Area Code Daytime Telephone Numbe	r
D R P	AAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Fallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	is a check for the following amount: \$\begin{align*} \\$125.00 \text{ Filing Fee } \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee Certified Copy of Status & Certified Computer of	

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:

APITLA LLC.

	lternate name adopted for the pur ," or "LLC.")	pose of transacting busine	ss in Florida. The alternate n	ame must include "Limited
MISSOURI	,,	3. 26-1206076		
(Jurisdiction under the law company is organized)	of which foreign limited liability	J	(FEI number, if applicab	le)
	(Date first transacted but (See sections 605.0904 & 6	siness in Florida, if prior to 605.0905, F.S. to determin	o registration.) e penalty liability)	
1304 W BATTLEFIE				
SPRINGFIELD, MO				
		of Principal Office)		_ 크용 궁
1304 W BATTLEFIEL	LD ROAD SUITE B		<u> </u>	- E8 .
SPRINGFIELD, MO	55807			
	(Maili	ng Address)		- 線 3 斤
Name and street address	ss of Florida registered agent:	(P.O. Box NOT accept	table)	THE R I
Name:	DANIEL T. RAMSDELL		_	
Office Address:	640 DUNLAWTON AVE			ड्रेल ड
	PORT ORANGE		, Florida <u>32127</u>	
	(City)	- 	(Zip code)	
egistered agent's accep				
aving been named as re is application, I hereby ith the provisions of all	gistered agent and to accept s accept the appointment as re statutes relative to the proper ition as registered agent.	gistered agent and agre and complete perform Canrolell	e to act in this capacity. ance of my duties, and I d	I further agree to comply
aving been named as re is application, I hereby ith the provisions of all	gistered agent and to accept s accept the appointment as re statutes relative to the proper ition as registered agent.	gistered agent and agre and complete perform	e to act in this capacity. ance of my duties, and I d	I further agree to comply
aving been named as re is application, I hereby ith the provisions of all e obligations of my post	gistered agent and to accept s accept the appointment as reg statutes relative to the proper ition as registered agent. (Reg	gistered agent and agree and complete performation of the complete performation of the complete performance of the	e to act in this capacity. ance of my duties, and I o	I further agree to comply
aving been named as re is application, I hereby ith the provisions of all e obligations of my post	gistered agent and to accept s accept the appointment as re- statutes relative to the proper ition as registered agent. (Re- acity and address of the person	gistered agent and agree and complete performation of the complete performation of the complete performance of the	e to act in this capacity. ance of my duties, and I o	I further agree to comply
aving been named as reis application, I hereby th the provisions of all e obligations of my post. The name, title or capa ANIEL T. RAMSDELL	gistered agent and to accept s accept the appointment as re- statutes relative to the proper ition as registered agent. (Re- acity and address of the person	gistered agent and agree and complete performation of the complete performation of the complete performance of the	e to act in this capacity. ance of my duties, and I o	I further agree to comply

Typed or printed name of signee

degree felony as provided for in s.817.155, F.S.)

DANIEL T. RAMSDELL

the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third

STATE OF MISSOURI



Jason Kander Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

ertify that the

I, JASON KANDER, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

APITLA, L.L.C. LC0905799

was created under the laws of this State on the 7th day of July, 2008, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 12th day of June, 2015.

Secretary of State

Certification Number: CERT-06122015-0011

