# M1200008081

(Re	equestor's Name)				
(Ad	ddress)				
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PICK-UP	☐ WAIT	MAIL.			
(В	usiness Entity Nar	me)			
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to	Filing Officer:				
cert,	WB-63	809			
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 24, 2015

TEREESE C. FILOS 200 SOUTH BISCAYNE BOULEVARD, 6TH FLOOR MIAMI, FL 33131

SUBJECT: APPLE TREE MANAGEMENT LLC

Ref. Number: W15000063802

We have received your document for APPLE TREE MANAGEMENT LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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.

Stacey M Mason Regulatory Specialist II

Letter Number: 015A00020219

#### **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:	Apple Tree	Management LLC				
			Limited Liability	Company		
					unsact Business in Florida," Cer y company to transact business	
Please return all c	correspondence o	oncerning this matter to the	following:			
	Tereese					
		N	ame of Person			
	Berkow	itz Pollack Brant				
		F	irm/Company		,	
	200 Sou	th Biscayne Blvd., 6th				
			Address			
	Miami,	FL 33131				
		City/S	tate and Zip Code			
_	tfilos@	bpbcpa.com				
		E-mail address: (to be use	d for future annual	report not	ification)	
For further inform	nation concernin	g this matter, please call:				
Tere	ese Filos		_at (_305	960-	-1269	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Division Registrat P.O. Box	NG ADDRESS: of Corporations tion Section 6 6327 see, FL 32314			Division of Registratic Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
Enclosed is a chec	ck for the follow 00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certifit of Status & Certified Copy	cate

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

	ON 605.0902, FLORIDA STATUTES INESS IN THE STATE OF FLORIDA		S SUBMITTED TO REGISTI	ER A FOREIGN .	LIMITED LIABILITY
1. Apple Tree Ma (Name of Foreig	inagement, LLC on Limited Liability Company; mu	ist include "Limited L	iability Company," "L.L.C	.," or "LLC.")	<del></del>
(If name unavailable, enter alte Liability Company," "L.L.C,"	rnate name adopted for the purpos or "LLC.")	se of transacting busin	ess in Florida. The alternat	e name must incl	ude "Limited
2. Delaware, USA		3. 47-33	91802		
(Jurisdiction under the law of company is organized)	f which foreign limited liability		(FEI number, if applie	cable)	
4. <u>N/A</u>	(D. T. S. Albandard Innola		to maintantina \		
	(Date first transacted busin (See sections 605.0904 & 605	5,0905, F.S. to determ	ine penalty liability)		
5				<del></del>	
200 South Bisc	cayne Blvd., 6th Floor, N (Street Address of		31		
6					
Same as above	Э			<u></u>	
	(Mailing	(Address)		200 200 200 200 200 200 200 200 200 200	
7. Name and street address	of Florida registered agent: (F	P.O. Box NOT acce	ptable)	AHA SET	77
Name:	Barry M. Brant		<del></del>	ARY ASSE	
Office Address:	200 South Biscayne 6	Blvd., 6th Floor		H 70	
	Miamí		, Florida 33131	71.5 71.5 11.5	O
Registered agent's accepta	(City)		(Zip cod	E AGE	1
Having been named as reg designated in this applicati to complywith the provision	istered agent and to accept ser ion, I hereby accept the appoin ns of all statutes relative to the ty position as registered agent.	ntment as registered e prop <b>ey</b> and comply	l agent and agree to act	in this capacity	y. I further agree
•	(Regis	stered agent's signatur	re)	<del></del>	
8. The name, title or capac	city and address of the person(s	s) who has/have auth	nority to manage is/are:		
Barry M. Brant, 1	rustee of the Apple Tre	ee Trust, Sole N	Member (address	same as al	pove)
	Manager 506 S. Dixie H				'
					,
	of existence, no more than 90 d f which it is organized. (If the bmitted)		eign language, a translat		
	Signatur	re of an authorized per	son		
This document is executed submitted in a document to	in accordance with section 605 the Department of State constitution.	.0203 (1) (b), Florid tutes a third degree i	la Statutes. I am aware the felony as provided for in	at any false info s.817.155, F.S.	ormation
	Barry M. Brant, Trus	tee of of Sole M	Member, Apple Tre	ee Trust	

Typed or printed name of signee

## Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "APPLE TREE MANAGEMENT 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 SIXTH DAY OF OCTOBER, A.D. 2015.

5048503 8300

Authentication: 10195913

Date: 10-06-15