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### **COVER LETTER**

<sup>□</sup>TO:

TO:	Registration Section Division of Corporation	ons				
SUBJE	AHOS 9 LLC					
		Name o	f Limited Liability	Company		
					ansact Business in Florida," Ce y company to transact business	
Please re	eturn all correspondence	concerning this matter to the	e following:			
	MRS. ROSIE	NIEBOLT				
	<del></del>	1	Name of Person			
	API OS HOLI	DINGS LLC				
		I	Firm/Company			
	1420 ROCKY	RIDGE DR STE 100				
			Address			
	ROSEVILLE	CA 95661				
		City/S	State and Zip Code			
	API-LLC@STE	WART.COM				
		E-mail address: (to be use	ed for future annual	report not	ification)	
For furth	er information concernir	ng this matter, please call:				
	MONIKA S. THOMPS	ON	916 at (	791-59	91	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrate Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding cutive Center Circle eee, FL 32301	
Enclosed	l is a check for the follow ☐ \$125,00 Filing Fee	ving amount:  \$\Bigsim \frac{1}{2} 1	■ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certified Copy	ficate

PLEASE USE THE ENCLOSED RETURN LABEL TO FEDEX THE CERTIFIED COPY OF THE DOCUMENT VIA PRIORITY OVERNIGHT SERVICE. THANK YOU.

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

IN COMPLANCE WITH SEC	TION 605.0902, FLORIDA STATUTES	S THE FOLLOWI	NG IS SUBMITTED TO REGISTER A FO	OREIGN LIMITEL	LIABIL	ПΥ
	SINESS IN THE STATE OF FLORIDA	A:				
1. AHOS 9 LLC (Name of For	eign Limited Liability Company; mu	ast include "Limit	ed Liability Company," "L.L.C.," or "I	J.C.")	-	
Liability Company," "L.L.C,	tternate name adopted for the purpos " or "LLC.")	se of transacting h	ousiness in Florida. The alternate name	must include "Lin	nited	
2. COLORADO	of which foreign limited liability	3	(FEI number, if applicable)		-	
company is organized)	or which toreign inities habitity		(FEI number, it approable)			
4. <u>n/a</u>						
	(Date first transacted busine (See sections 605.0904 & 605	ess in Florida, if p i 0905, F.S. to det	orior to registration.) termine penalty liability)			
5. 1420 ROCKY RIDGE	DR STE 100					
ROSEVILLE, CA 956	661					
6 1420 ROCKY RIDGE	(Street Address of I DR STE 100	Principal Office)				
ROSEVILLE, CA 956	61				꼀	
	(Mailing	Address)		Ď. M	007	٠.
7. Name and street addres	s of Florida registered agent: (P.	O. Box NOT a	ccentable)	Î.S.	129	t a
	C T Corporation System	TO COUNTY TO CAN	, , , , , , , , , , , , , , , , , , ,	38 A		Š.
Name:			<del></del>	î.,⊂		4
Office Address:	1200 South Pine Island Road		<del></del>	07 <u>.</u> 1.S	AM II:	1
	Plantation		Florida 33324	STATE	<u></u>	
	(City)		(Zip code)	>		
designated in this applicate to complywith the provision	gistered agent and to accept serviton, I hereby accept the appoint ons of all statutes relative to the my position as registered agent.	tment as registe	for the above stated limited liability red agent and agree to act in this c aplete performance of my duties, a hature)	apacity. I furth	er agr	ee
8. The name, title or capa API OS HOLDINGS LLC	city and address of the person(s) C, SOLE MEMBER	who has/have a	uthority to manage is/are:			
1420 ROCKY RIDGE DR	STE 100			<del></del>		
ROSEVILLE, CA 95661				<del>· · · · · · · · · · · · · · · · · · · </del>		
9. Attached is a certificate purisdiction under the law of the translator must be su	of which it is organized. (If the combinated)	ys old, duly aution of an authorized	henticated by the official having cus foreign language, a translation of th	stody of records e certificate und	in the ler oath	
This document is executed	in accordance with section 605.0	)203 (1) (b), Flo	rida Statutes. I am aware that any fa se felony as provided for in s.817.15	lse information		
dominiou in a document to	MONIKA S. THOMPSON	a serie over		-, • •••		

Typed or printed name of signee

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

## CERTIFICATE OF FACT OF GOOD STANDING

l, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

AHOS 9 LLC

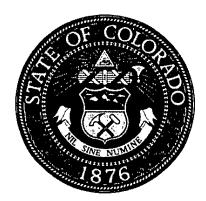
is a

#### Limited Liability Company

formed or registered on 10/27/2015 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20151697285.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/27/2015 that have been posted, and by documents delivered to this office electronically through 10/28/2015 @ 14:52:12 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 10/28/2015 @ 14:52:12 in accordance with applicable law. This certificate is assigned Confirmation Number 9351827



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http:// www.sos.state.co.us' click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."