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#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: A. P. E. Consulting LLC  Name of Limited Liability Company		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificat 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:		
James Spriggs Name of Person		
A.P.E. Consulting LLC Firm/Company		
5925 Shore Blud 5. #114		
Gulf port FL 30707 City/State and Zip Code		
TSSPRIGGS GMAIL. COM EFF E-mail address: (to be used for future annual report notification)	Π	
For further information concerning this matter, please call:		
Tames Spriggs at (727) 422-1285 ST ST Name of Contact Person Area Code Daytime Telephone Number 2	J	
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		
Enclosed is a check for the following amount:  \$\Begin{array}{c c c c c c c c c c c c c c c c c c c		

# 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:		
1. A.P.E. Consulting LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")		
2. Georgia 3. (FEI number, if applicable)		
(Jurisdiction under the liw of which foreign limited liability company is organized)  (FEI number, if applicable)		
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
5. 3336 Squirel Hunting Rd.		
(Street Address of Principal Office)		
6. 3336 Squirrel Hunting Kd		
Morgan ton, GA 30560 (Mailing Address)		
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		
Name: James Spriggs		
Office Address: 5925 Shore Blvd 5- #114		
Gulfport, Florida 30707 >		
Registered agent's acceptance: (City) (Zip code)		
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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree		
to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.		
accept the abuguions of my position as registered agent		
(Registered agent's signature)		
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:		
James Spriggs / CEO Deborah Spriggs / President		
5925 Shore Blvd S. #114		
Gulfport, FL 30107		
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the		
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)		
Signature of an authorized person		
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		
James Spriggs Typed or printed name of signee		
l yped or printed name of signee		

Control Number: 16107551

## STATE OF GEORGIA

### **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

# A.P.E. Consulting LLC

#### a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

: 13754548 : 11/11/2016 : Georgia : 12/15/2016 : 211



Brian P. Kemp Secretary of State