M17000007639

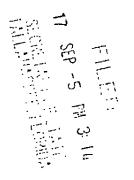
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900303148519

09/05/17--01014--003 **125.00



D. SCOTT SEP 6 2017

COVER LETTER

	APC Telecom Serv					
30031201.			Limited Liability C	Company		
		reign Limited Liability Com ed to register the above refer				
Please return a	ll correspondence	concerning this matter to the	following:			
	David J. Pierce	:				亞州 二
	~~~~~~~~~~	N	ame of Person		<u>.</u>	高 名 五
	APC Towers					P -5
		F	irm/Company			
	3000 Aerial Co	enter Parkway, Suite 110				· · · · · · · · · · · · · · · · · · ·
			Address			
	Morrisville, NO	C 27560				
		City/S	State and Zip Code			
	dpierce@apctow	vers.com				
		E-mail address: (to be use	d for future annual	report not	ification)	
For further info	ormation concernir	ng this matter, please call:				
David	J. Pierce		919	324-192	22	
	Name	of Contact Person	at (Area Code	Day	time Telephone Numb	per
Divis Regis P.O. I	LING ADDRESS: ion of Corporation tration Section Box 6327 massee, FL 32314			Division of Registrati Clifton Bo 2661 Exc	of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
	theck for the follow 25.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fe of Status & Certified	

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

IN COMPILANCE WITH SECTION (05.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY (ON PLANTICIPELANDOTERINA

nume unavailable, enter alternate n. North Carolina	imited Liability Company; must include "Lin me adopted for the purpose of transacting business in ich foreign limited liability company is organized) (Date first transacted business in Florida, if pric (See sections 605 0904 & 605,0905, F.S. in de kway, Suite 110	n Florida The alterna	te name muss mehade "Lamite -1527870	
North Carolina (Aursdiction under the law of what 8/24/2017 3000 Aerial Center Par (Street Address of P	ich foreign firmtied hability company is organized) (Date first transacted besiness in Florida, if pri- (See sections 605 0804 & 605,0905, F.S. in de	3. <u>47</u>	-1527870	
Orth Carolina (Aursdiction under the law of what 8/24/2017 3000 Aerial Center Par (Street Address of P	ich foreign firmtied hability company is organized) (Date first transacted besiness in Florida, if pri- (See sections 605 0804 & 605,0905, F.S. in de	3. <u>47</u>	-1527870	
8/24/2017 3000 Aerial Center Par (Street Address of P	(Date first transacted business in Florida, if pri- (See sections 605 0904 & 605,0905, F.S. in the			number, if applicable)
8/24/2017 3000 Aerial Center Par (Street Address of P	(Date first transacted business in Florida, if pri- (See sections 605 0904 & 605,0905, F.S. in the	of the Department 1	(11.7	пинис. и зрансанст
3000 Aerial Center Par	(See sections 605 0904 & 605,0905, F.S. midel	of his frampel fortune 1		
(Street Address of P	(See sections 605 0904 & 605,0905, F.S. midel	of the frequency of 1		
(Street Address of P	kway, Suite 110	a arregistrativi fabil	m)	
(Street Address of P		د 30	00 Aerial Center Par	kway, Suite 110
Morrisville, NC 27560		0		(Address)
		Mo	orrsiville, NC 27560	<u> </u>
				ر ایسان است
Name and street addres	s of Florida registered agent: (P.O. F	Roy NOT acco	ntable)	757
The are procedures		John <u>INO 1</u> ucce	plable	
Name:	InCorp Services, Inc.			
Office Address:	17888 67th Court North			م د سه د مسر د سه د
Office Address.				
	Lovahatchee		, Florida <u>33470</u>	n code)
ignated in this application in the comply with the provisi	tance: gistered agent and to accept service tion, I hereby accept the appointmen ons of all statutes relative to the pro to finy position as refistered agent.	nt as registered per and compl	l agent and agree to lete performance of	act in this capacity. I furth
signated in this applications of the comply with the provision of the accept the obligations	gistered agent and to accept service tion, I hereby accept the appointmen ons of all statutes relative to the pro of my position as registered agent. (Raylord 2)	nt as registered per and complete and comple	l agent and agree to lete performance of ckie DeFilippis	act in this capacity. I furth iny duties, and I am familia on behalf of InCorp Se
signated in this applica comply with the provisi d accept the obligations	gistered agent and to accept service tion, I haveby accept the appointmen ons of all statutes relative to the pro is of my position as registered agent.	nt as registered per and complete and comple	l agent and agree to lete performance of ckie DeFilippis	act in this capacity. I furth iny duties, and I am familia on behalf of InCorp Se
esignated in this applicate comply with the provision accept the obligations. The name, title or capa	gistered agent and to accept service tion, I haveby accept the appointment ons of all statutes relative to the prosition as registered agent. (Restored 2: acts; and address of the person(s) who	nt as registered per and complete and comple	I agent and agree to lete performance of ckie DeFilippis of nority to manage is/a	act in this capacity. I furth inty duties, and I am familia on behalf of InCorp Se
signated in this applicated comply with the provision accept the obligations. The name, title or capa Title or Capacity:	gistered agent and to accept service tion. I hereby accept the appointment ons of all statutes relative to the property of my position as refistered agent. (Respond 2) cty and address of the person(s) who Name and Address:	o has/have auth	I agent and agree to lete performance of ckie DeFilippis of nority to manage is/a	act in this capacity. I furth inty duties, and I am familia on behalf of InCorp Se
signated in this applications with the provisi discrept the obligations. The name, title or capa Title or Capacity:	gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the property of my position as refistered agent. (Rectard a: (Rectard a: David J. Pierce 3000 Aerial Center Parky Suite 110	o has/have auth	I agent and agree to lete performance of ckie DeFilippis of nority to manage is/a	act in this capacity. I furth inty duties, and I am familia on behalf of InCorp Se
signated in this applicate comply with the provisi d accept the obligations The name, title or capa Title or Capacity:	gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the property of my position as refistered agent. (Rectard a: (Rectard a: David J. Pierce 3000 Aerial Center Parky Suite 110	o has/have auth	I agent and agree to lete performance of ckie DeFilippis of nority to manage is/a	act in this capacity. I furth inty duties, and I am familia on behalf of InCorp Se
signated in this applications with the provisi discrept the obligations. The name, title or capa Title or Capacity:	gistered agent and to accept service from, I hereby accept the appointment ons of all statutes relative to the property of my position as refistered agent. (Regional active and address of the person(s) who Name and Address: David J. Pierce 3000 Aerial Center Parkw Suite 110 Morrisville, NC 27560	o has/have auth	I agent and agree to lete performance of ckie DeFilippis of nority to manage is/a	act in this capacity. I furth inty duties, and I am familia on behalf of InCorp Se

Typed or printed name of stance

David J. Pierce



NORTH CAROLINA Department of the Secretary of State

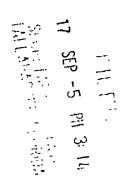
CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

APC TELECOM SERVICES, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 19th day of August, 2014, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.







Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of August, 2017.

Elaine I. Marshall

Secretary of State