

M18000001257

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FILED
18 FEB -5 PM 1:25
TALLAHASSEE, FLORIDA

J. LEGGETT
FEB 06 2018

M18000001257



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2018

MARK TABER
601 KAPPOCK ST, APT 5R
BRONX, NY 10463 US

SUBJECT: AP TABER LLC
Ref. Number: W18000002674

We have received your document for AP TABER LLC and check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$55.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 718A00000641

RECEIVED
FEB 06 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AP Taber LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of 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:

Mark Taber
Name of Person

AP Taber LLC
Firm/Company

601 Kappock St Apt 5R
Address

Bronx, NY 10463
City/State and Zip Code

cs@aptaberstore.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Taber at (646) 202-0117
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate
of Status & Certified Copy |
|--|---|--|---|

\$55.00 balance due enclosed

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

IN COMPLIANCE WITH SECTION 605.062, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. AP Taber LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. NY 3. 82-1459227
(Jurisdiction under the law of which foreign limited liability company is organized) (FIC number, if applicable)

4. _____
(True first transacted business in Florida, if prior to registration; see sections 605.061 & 605.063, F.S., to determine penalty liability)

5. 601 Kappock St Apt 5R 6. 601 Kappock St Apt 5R
(Street Address of Principal Office) (Mailing Address)
Bronx NY 10463 Bronx NY 10463

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc.
Office Address: 3030 N. Rocky Point Dr. STE 150A
Tampa Florida 33607
(City) (Zip code)

Registered agent's acceptance:

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 comply with 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.

Bel Hume
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Member</u>	<u>Mark Taber</u>		
	<u>601 Kappock St. Apt-5R</u>		
	<u>Bronx, NY 10463</u>		

(Use attachments if necessary)

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)

10. 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.

Mark G Taber
(Signature of an authorized person)

Mark G Taber

(Typed or printed name of signer)

FILED
18 FEB -5 PM 1:25
TAMPA, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that AP TABER LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/05/2017, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 27th day of October two
thousand and seventeen.*

A handwritten signature in dark ink, appearing to read "B. Fitzgerald", written over a horizontal line.

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*