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PICK-UP	WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificate	es of Status					
Special Instructions to Filing Officer:							

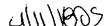




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#### **COVER LETTER**

TO: Registration Section Division of Corporations							
		_					
SUBJECT: Advanced Professional Group, LLC					ļ		
		Name of L	imited Liability (	Company			
The enclosed Existence, an	"Application by Fore d check are submitted	eign Limited Liability Comp I to register the above refere	any for Authoriza nced foreign limit	tion to Tran ted liability o	sact Business i company to tra	n Florida," nsact busine	Certificate of ess in Florida.
Please return	all correspondence co	oncerning this matter to the f	following:				
	Caitlin M. Whi	te					
Name of Person							
Advanced Professional Group, LLC							
Firm/Company							
25 Northpointe Parkway, Ste. 400 Address					<u> </u>		
Address							
Amherst, NY 14228							
City/State and Zip Code							
cwhite@advancedprofessionalgroup.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:			zub an	<u>.</u>			
Ca	itlin M. White		at ( 855	չ 885-002	5 x 310	। इ	3
	<del></del>	f Contact Person	at ( 655 Area Code		me Telephone	Number C	5 1
	ILING ADDRESS:				ADDRESS:	•	T 7
	ision of Corporations istration Section			Registratio	f Corporations on Section	•	0 <u>ග</u>
	. Box 6327 ahassee, FL 32314				ilding utive Center C e, FL 32301	ircle	~
Enclosed is a	check for the follow:	ing amount:					
	125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Fi of Status & C		

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA IN COMPLANCE 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: Advanced Professional Group, 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.") 3. 47-1077520 NY (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) Upon Approval (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability.) 5. 25 Northpointe Parkway, Ste. 400 6. 25 Northpointe Parkway, Stel 400 (Street Address of Principal Office) (Mailing Address) Amherst, NY 14228 Amherst, NY 14228 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agent Solutions, Inc. Name: 155 Office Plaza Dr. Suite A Office Address: Tallahassee . Florida 32301 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. =5 Registered Agent Solutions, Inc. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Caitlin M. White Manager 25 Northpointe Parkway, Ste. 400 Amherst, NY 14228 (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.8 17.155, F.S.

Signature of an authorized person

Typed or printed name of signee

Caitlin M. White

SIGN HERE

### State of New York Department of State } ss:

I hereby certify, that ADVANCED PROFESSIONAL GROUP, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/11/2014, 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 20th day of March two thousand and eighteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

201803210106 \* 30

## ORION STATE LICENSING, INC.

April 4, 2018

#### VIA FIRST CLASS USPS MAIL

Attn: Registration Section

Florida Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

(850) 245-6051

Re: ADVANCED PROFESSIONAL GROUP, LLC

New Application by Foreign LLC for Authorization to Transact Business in FL

Dear Sir or Madam:

Enclosed please find herewith for filing, the following documents on behalf of the above-referenced company:

- 1. Application by Foreign LLC for Authorization to Transact Business in FL
- 2. Company check #579 in the amount of \$125.00 for the filing fee
- 3. Certificate of GOOD STANDING from the home state dated 03/20/2018

\*Please return any correspondence regarding this filing to: Orion State Licensing, Inc. 15615 Alton Pakway, Suite 450, Irvine, CA 92618\*

Thank you for your assistance in this matter. If you have any questions or require further information in order to process this request, please do not hesitate to contact me by email janet@orionlicensing.com or at (888) 315-0805.

Very truly yours.

ORION STATE LICENSING, INC.

Tanet J. Lopes

CEO

Enclosure JJL:cp04042018