(Requestor's Name)	
(Address) (Address)	700321071567
(City/State/Zip/Phone #)	
(Business Entity Name)	11/26/1801020017 **160.00
(Document Number) Certified Copies Certificates of Status	ALL ALL ALL
Special Instructions to Filing Officer:	THE PHI2: 32
Office Use Only	
	N CULLIGÁN

DEC 17 2018

#### COVER LETTER \*

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TO: Registration Section Division of Corporations

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SUBJECT: HDEX Inspection 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:

Peter Branqwin
Accounting and Tax Solutions LLC
Firm/Company
1835 Lawrenceuille Hwy Address
City/State and Zip Code
<u>Peter Cats-cpa.com</u> <u>dapexinspectionsorulos</u> E-mail address: (to be used for future annual report notification) For further information concerning this matter places celle
Allon       Barne of Contact Person       at ( <u>100</u> )       338-055           MAILING ADDRESS:       Area Code       Daytime Telephone Number
Interface ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount: \$125.00 Filing Fee \$\$130.00

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy S160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 5, 2018

PETER BRANGWIN ACCOUNTING AND TAX SOLUTIONS LLC 1835 LAWRENCEVILLE HWY LAWRENCEVILLE, GA 30044

SUBJECT: APEX INSPECTION SERVICES LLC Ref. Number: W18000104885

We have received your document for APEX INSPECTION SERVICES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 818A00024918

RE(

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

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IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED I JABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

IPEX	
the constant of the constant o	
(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. <u>Georgia</u> Strand Liebility Company,""Linc," or "LLC.")	
(Iurisdieron under the law a which foreign limited liability company is organized) 3. <u>DI-3121421</u>	
4. (FEI number, if applicable)	
(Date first remeated business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 1801 Prope Tree Dr	
(Street Address of Principal Office) 6. 1835 LOWPOCENTILLE LINE	
BUEAD CA 20518 (Maining Address)	
Lawrenceville GA 3000	
7 Martin 1	
7. Name and street address of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
Name: Nicholas York	
Office Address: 1511 Harrison Ave	
Participation	
Farama City Florida 32405 5 I	
Registered agent's acceptance:	Π
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place of the appointment as registered agent and agree to act in this design at the place of the appointment as registered agent and agree to act in the second seco	-
designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree and comply with the provisions of all statutes relative to the proper and complete performance of my duties and the proper and complete performance of my duties and the proper and complete performance of my duties and the proper and complete performance of my duties and the proper and complete performance of my duties and the proper and complete performance of my duties and the proper and complete performance of my duties and the performance of my duties are performed as the performance of my duties and the performance of my duties are performed as the performance of my	
to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a agree to act in this capacity. I further agree and accept the obligations of my position as registered agent.	
s and s my position as registered agene.	
(Registered august a signaturo)	
<ol> <li>The name, title or capacity and address of the person(s) who has/have authority to manage is/are:</li> <li><u>Title or Capacity</u>; Name and Address</li> </ol>	
China Address.	
Skomelanie way	
Lawrencoulle GA 30044	
(Use attachments if necessary)	
( or and machines it 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.

TCH:XAS Typed or printe	whorized person

Control Number: 16058089

# **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. Robyn A. Crittenden**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### Apex Inspection Services, 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: 16310130Date Inc/Auth/Filed:06/13/2016Jurisdiction: GeorgiaPrint Date: 12/12/2018Form Number: 211



blyn Q. Cuitandan

Robyn A. Crittenden Secretary of State