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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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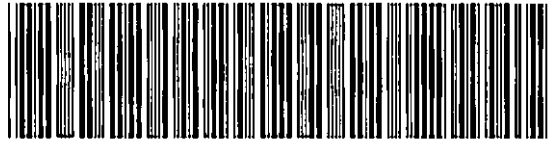
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A.P.I. Retail Solutions, L.L.C.
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. ~~ALSO, Certificate of Designation of Registered Agent/Registered Office,~~
Please return all correspondence concerning this matter to the following:

Joseph D. Savin
Name of Person

A.P.I. Retail Solutions, L.L.C.
Firm/Company

2783 Atamasco Lily Loop
Address

The Villages, Florida 32163
City/State and Zip Code

apiretail@optonline.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bernard W. Quail Jr. C.P.A. at (973) 838-0656
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:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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.I. Retail Solutions, L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

A.P.I. Retail Solutions-FL, 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," "L.L.C.," or "LLC.")

2. New Jersey
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-0183047
(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. 2783 ATAMASCO Lily Loop
(Street Address of Principal Office)

6. C/O Joseph D. Savini
(Mailing Address)

The Villages, FL 32163

2783 ATAMASCO Lily Loop

The Villages, FL 32163

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

Name: Joseph D. Savini,

Office Address: 2783 ATAMASCO Lily Loop

The Villages, Florida 32163
(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.

(X) [Signature]
(Registered agent's signature)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

A.P.I. Retail Solutions, L.L.C.

If unavailable, the alternate to be used in the state of Florida is:

A.P.I. Retail Solutions-FL, L.L.C.

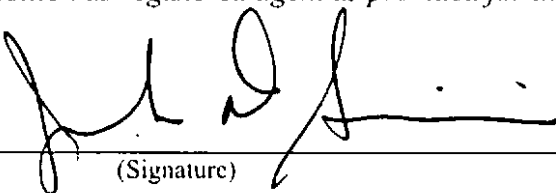
2. The name and the Florida street address of the registered agent and office are:

Joseph D. Savini
(Name)

2783 ATAMASCO Lily Loop
Florida Street Address (P.O. Box NOT ACCEPTABLE)

The Villages, FL 32163
City/State/Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.


(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

A.P.I. RETAIL SOLUTIONS, L.L.C.
0600178364

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on August 25, 2003.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

BERNARD W. QUAIL JR., PA, CPA
170 KINNELON ROAD
SUITE 13
KINNELON, NJ 07405



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
10th day of December, 2018*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6093431242

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
CHANGE OF REGISTERED AGENT CERTIFICATE**

A.P.I. RETAIL SOLUTIONS,L.L.C.
0600178364

The Division of Revenue and Enterprise Services hereby affirms that the following change was submitted on 12/10/2018 for A.P.I. RETAIL SOLUTIONS,L.L.C..

Previous Registered Agent and Office

BERNARD W. QUAIL JR., PA, CPA
170 KINNELON ROAD
SUITE 13
KINNELON, NJ 07405

New Registered Agent and Office

Bernard W Quail Jr PA CPA
10 SECOND AVENUE
DENVER, NJ 07834



Certificate Number : 2371095375
Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal, this
10th day of December, 2018

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer