

125000000941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP ☐ WAIT ☐ MAIL

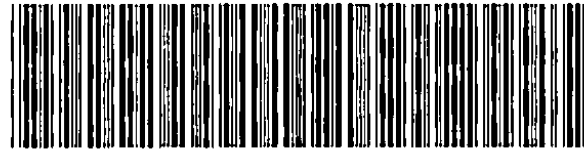
(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

Instructions to Filing Officer:

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01/06/20--01/30--014 **160.00

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JAN 6 2020
TALLAHASSEE, FLORIDA

2020 JAN -6 PM 3:12

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JAN 2nd 2020
T. LEMIEUX

Registration Section
Division of Corporations

Apex Consulting Engineers BRD, LLC.
Name of Limited Liability Company

I "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Incorporation and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

All correspondence concerning this matter to the following:

Rocelia Greenlee
Name of Person

Apex Consulting Engineers PL
Firm/Company

4315 53rd AVE E.
Address

Bradenton FL 34203
City/State and Zip Code

Jeff @ Apex Engineer. com
E-mail address: (to be used for future annual report notification)

For information concerning this matter, please call:

Rocelia Greenlee at (941) 365 1900
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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$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

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

CE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
TRANSACTION IN THE STATE OF FLORIDA:

per Consulting Engineers BRID, LLC.
Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC."

file, 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."

aware
State under the law of which foreign limited liability company is organized)

3. 84-3133892
(FEI number, if applicable)

N/A
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

15 53rd AVE. E.
(Street Address of Principal Office)

6. 4315 53rd AVE E.
(Mailing Address)

Bradenton FL 34203

Bradenton FL 34203

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

Name: Jeffrey L. Vogel

Office Address: 4315 53rd AVE. E.

Bradenton FL 34203 . Florida _____
(City) (Zip code)

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ed agent's acceptance:

been named as registered agent and to accept service of process for the above stated limited liability company at the place
ed in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree
ly with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with
ept the obligations of my position as registered agent.

[Signature]
(Registered agent's signature)

For indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to sign (up to six (6) total):

Capacity: **Name and Address:**
Name: Derek Newcomer
Address: 4315 53rd AVE E.
Bradenton FL 34203
Owner ☐ Other _____

Title or Capacity: **Name and Address:**
☒ Manager Name: Jeffrey Vogel
☒ Member Address: 4315 53rd AVE E.
☒ Authorized Bradenton FL 34203
Person _____
☒ Other Owner ☐ Other _____

Name: Roxella Greenlee
Address: 4315 53rd AVE E.
Bradenton FL 34203
☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Name: _____
Address: _____

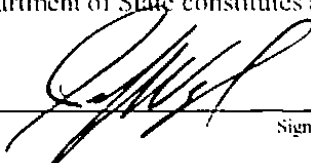
☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-individuals may be added to the index when filing your Florida Department of State Annual Report form.

This document 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 a translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information provided in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person
Jeffrey Vogel

Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "APEX CONSULTING ENGINEERS BRD. LLC."
IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF
THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "APEX CONSULTING
ENGINEERS BRD. LLC." WAS FORMED ON THE SECOND DAY OF AUGUST, A.D.
2019.



Jeffrey W. Bullock, Secretary of State

Authentication: 204255457

Date: 12-18-19

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SR# 20198725787

You may verify this certificate online at corp.delaware.gov/authver.shtml