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### COVER LETTER

Registration Section.
Division of Corporations

TO:

SUBJECT:	Aptos, LLC		
_		Name of Limited Liability Company	,
		d Liability Company for Authorization to Transact Business in Florida, the above referenced foreign limited liability company to transact business.	
Please return al	l correspondence concerning t	his matter to the following:	
	Susan Harrison		
		Name of Person	
Morris, Manning & Martin, LLP			
Firm/Company			
3343 Peachtree Rd., NE, Suite 1600			
		Address	
	Atlanta, GA 30326		
		City/State and Zip Code	
	jmcfarland@aptos.cc		202
	E-mait ad-	dress: (to be used for future annual report notification)	0 7.
For further info	rmation concerning this matte	r, please call:	2020 7.1.2-4
	Susan Harrison	at ( 404 ) 233-7000	**************************************
	Name of Contact P	erson Area Code Daytime Telephone Number	ر <del>ن</del> 
Mailin	ig Address:	Street Address:	1.0
	tration Section	Registration Section	င
Divis	ion of Corporations	Division of Corporations	
P.O. I	Box 6327	The Centre of Tallahassee	
Tallal	hassee. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
		Tananassee, FL 32303	
	sed is a check for the following	g amount: RIDA DEPARTMENT OF STATE	
		10 Filing Fee & = \$155.00 Filing Fee & - \$160.00 Filing Fee.	Certificate
_ 3	_	Certificate of Status Certified Copy of Status & Cer	

## 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 TIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Aptos, LLC (Name of Foreign	Limited Liability Company, must include "Limite	d Liabilit	y Company," "L.L.C.,	" of "LLC")	
·					
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida The	alternate name must incl	ude "Limited Liability C	ompany," "L.L.C," or "LL!
2. New York		3.	14-1624962		
(Jurisdiction under the law of v	hich foreign limited liability company is organized)			(FEI munber, if ap	plicable)
4. July 27, 2020					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905; F.S. to determ	registration ine penalty	i ) hability)		
5. 945 East Paces F	erry Road	6.	945 East Pac	es Ferry Road	
(Street Address of Principal Office)			(Mailing Addres	()	
Suite 2500			Suite 2500		
Atlanta, GA 3032	6		Atlanta, GA	30326	
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT	acceptable)		2020 7.1.2 -14
Name:	Corporation Service Company				
					773 
Office Address:	1201 Hays Street				<u>ب</u> يو
	Tallahassee		Florida _	32301	æ.
	(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.

Lynn M. Canne Longo Lynn M. Canne Longo, AVP
(Registered agent) Stignistize)

<u>Fitle or Capacity:</u>	Name and Address:	<u>Title or Çapacit</u>	<u>v:</u>	Name and Address
□Manager	Name: Aptos Holding (US) 2, LLC	□Manager	Name:	
■Member	Address: 945 East Paces Ferry Rd.	□Member	Address:	· · · · · · · · · · · · · · · · · · ·
□Authorized	Suite 2500	□Authorized		
Person	Atlanta, GA 30326	Person		
Other	Other	Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	<del></del>
□Authorized		□Authorized		
Person	<del></del>	Person		
Other	□Other	□Other		□Other
□Manager	Name:	□Manager	Name:	2)
□Member	Address:	□Member	Address:	2))2() A
□Authorized		□Authorized		
Person		Person		=
□Other	Other	□Other		□Other ♀
				ರು

- 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.

DocuSigned by:		
374E34C13603401	Signature of an authorized person	
David Baum		
-	Typed or printed name of signee	

# State of New York Department of State } ss:

I hereby certify, that ASPEN NY, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/02/2020, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Merger and Name Change, changing its name to APTOS, LLC was filed on 03/04/2020.

A Certificate of Publication of APTOS, LLC was filed on 04/27/2020.

I further certify, that no other documents have been filed by such Limited Liability Company.



Witness my hand and the official seal of the Department of State at the City of Albany, this 18th day of June two thousand and twenty.

Brandon C Hylan

Brendan C. Hughes Executive Deputy Secretary of State

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