Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

**Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.*

Email Address:

Foreign Limited Liability Company APX Sahara Sam's Oasis, LLC

Certificate of Status	0
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Help



From: James Tenks III

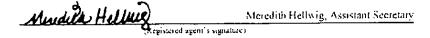
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605:0902, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

APX Sahara Sam's (Name of Foreign	Dasis, LLC Timited Eastility Company; must include "Limited	Hability Com	xiny" T.T.C.,	or "T.C")			
finance onevailable, enter alternate	name adopted for the purpose of transacting business in El	onda. He atternati	anane must meb	ude "Lanited Lad	bility Company,"	`"	or ic:
Delaware		3. RS-	0865209	865209			
(hinsdiction under the law of w	high frieign limited frability company is organized)	(Firl number, il applicable)					
N/A							
	(Pate first transacted business in Planuta 17 poor to 1 See accuss 565 1964 & 665 0905, F.S. to determine	registration) ne penalty liability)				
3100 Airport Rd		3100 6	Airport Rd				
treet Address of Principal Office;			(Mailing Address	(1			
Boca Raton, Ft. 33431		Boca	Raton, FL.	33431			
							
. Name and street addre	ss of Ffonda registered agent (P.O. Box	<u>NOT</u> accept	table)		SECRE	2021 JUN 15	
Name.	C T Corportion System	*1)N 15	
Office Address	1200 South Pine Island Road		_		7.0F		
	Plantation		, Florida	33324	STAT	PM 12: 2	
	(City)			(Appende)			

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. Thereby 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. C T Corporation System



8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (5) total]

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Kevin F, Littlejohn	■Manager	Name: APN Operating Company, LLC
□Member	Address:	■ Member	Address: 3100 Airport Rd
■Authorized	Boca Raton, FL 33431	☐ Anthorized	Boca Raton, FL 33431
Person		Person	
□Other	Other		
∐Manager	Name: Timothy P. Murphy	Manager	Name:
□Member	Address: 2100 Airport Rd.	□Member	Address:
■ Authorized	Boca Raton, FL 33434	T Authorized	
Person		Person	
□Other			
□Manager	Name:	□ Manager	Name:
□Member	Address:	_Member	Address:
□Authorized		#Authorized	
Person		Person	
□(Other	Other		Other

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

- 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. 11. 11.0

	Kim & Utlyk	
	Signature of an authorized person	
Kevin F. Littlejohn		
	Typed or pointed name of signee	

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "APX SAHARA SAM'S OASIS, 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 FIFTEENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

at coco delaware gov/auth

Authentication: 203449054

Date: 06-15-21