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RECEIVED

S. FRANKLIN APR 28 2022



#### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

April 25, 2022

CT CORP

SUBJECT: APIJECT SYSTEMS, CORP.

Ref. Number: W22000054083

CORRECTED Please Allow For Same File Date

We have received your document for APIJECT SYSTEMS, CORP, and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$750.00.

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) 245-6051.

Consina Griffin-Greaux Regulatory Specialist II

Letter Number: 422A00009558

### CT CORP

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D:	ate:	04/22/2022	wil SW
		Acc#I20160000072	and the second
Name:	ApiJect S	Systems, Corp.	
Document #:			
Order #:	14285795	5	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of  Apostille/Notarial Certification:		Country of Destination: Number of Certs:	2022 JUR 22 PH 3: 08
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Thank you!

#### **COVER LETTER**

ТО:		tration Section on of Corporations		
SUBJI	ECT:	ApiJect Systems, Corp.		
00120		Name of c	orporation -	- must include suffix
Dear S	ir or M	adam:		
"Certif	icate of		Good Stand	Authorization to Transact Business in Florida," ding" and check are submitted to register the is in Florida.
Please	return a	all correspondence concerning	this matter	to the following:
Andrea	Hardy			
			Name of F	Person
ApiJec	t Systen	is, Corp.		2
			Firm/Comp	pany
4012 G	iraybar (	Court		pany 22 AFR 22
			Addre	ss 22
Nashvi	lle, TN	37215		P
	··	C	ity/State an	nd Zip code (ည
ahardy	@apijec	et.com		nd Zip code ယ္
		E-mail address: (t	o be used fo	or future annual report notification)
For fur	ther in	formation concerning this matte	er, please ca	all:
Andrea	Hardy	dy 615 294-3020 at ( )		294-3020
	Nam	e of Person	Area Code	Daytime Telephone Number
	Regis Divis The C 2415	tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 massee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314
Please 1	make ch	check for the following amoun leck payable to: FLORIDA DEPAing Fee	RTMENT ce &	OF STATE  \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

ApiJect Systems	·					-
(Enter name of co "Inc" "Co.," "Co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPAN	Y," "CORPORATION	<b>N</b> .''		
(If name unavaila	able in Florida, enter alternate corporate name a	dopted for th	e purpose of transactin	g business in	Florida)	-
Delaware	7					
(State or country	y under the law of which it is incorporated)		(FEI number, if ap	plicable)		-
(Date	(Date of incorporation) 5. (Date of duration, if other than perpetua		ıl)	-		
6. 5/3/2021						_
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if pr 02, F.S., to de	ior to registration) etermine penalty liabili	ity)		
2 High Ridge Par	k, Stamford, CT 06905					
· ·	(Principal offi	ce <u>street</u> addi	ress)			
					_20	
	(Current mailin	g address, if o	different)		022 APR	-•;
8. Name and stree	et address of Florida registered agent: (P.C	). Box <u>NOT</u>	_acceptable)		PR 22	
Name:	C T Corporation System				7	, •
Office Address:	1200 South Pine Island Road	<del></del>			بب	ر ۔
	Plantation	FL	33324	:	90	
	(City)		(Zip code)			
Having been nan designated in this further agree to o	ent's acceptance: ned as registered agent and to accept servi s application, I hereby accept the appointn comply with the provisions of all statutes r r with and accept the obligations of my po	nent as regi: elative to th	stered agent and agr e proper and comple	ee to act in	this cape	acity. 1
	C T Corporation System	to the	4_			
<del>-</del>	By:		rid Westcott, Assistant Se	cretary		
	(Registered agent's s	ignature)				
10. Attached is a	certificate of existence duly authenticated,	not more th	an 90 days prior to d	lelivery of t	nis applic	ation to

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

A. DIRECTORS						
<b>■</b> Chairman	Name: Jay S. Walker	□Chairman	Name: Peter Stone			
□Vice Chairman	Address: 2 High Ridge Park	□Vice Chairman	Address: 2 High Ridge Park			
□lDirector	Stamford, CT 06905	□Director	Stamford, CT 06905			
■President		□President				
□Vice President		□ Vice President				
□Secretary	□Treasurer	■ Secretary	■Treasurer			
[]Other	□ Other	Other	□Other			
□Chairman	Marc Koska Name:	□ Chairman	Raphael Bejarano			
	2 High Ridge Park	□Vice Chairman	Address: 2 High Ridge Park Stamford, CT 06905			
■ Vice Chairman  ■ Director	Stamford, CT, 06905	■ Director				
President		□President				
		□Vice President				
DSecretary	□Treasurer	Secretary	□Treasurer			
L.Other	□ Other	Other				
	Hanjin In		22			
	Name: Hanjin In		Name:			
□Vice Chairman	Address: 2 High Ridge Park	□Vice Chairman	Address:			
■Director	Stamford, CT 06905	□Director				
□President		□President				
□Vice President		□Vice President				
7 Secretary	Treasurer	Secretary	□Treasurer			
□Other	Other	Other	Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  12. Signature of Director or Officer						
The officer or dire she is aware that is s.817.155, F.S.	ector signing this document (and who is listed in numbe false information submitted in a document to the Depart	r 11 above) affirms ( ment of State constit	hat the facts stated herein are true and that he or utes a third degree felony as provided for in			
	Secretary & Treasurer					

(Typed or printed name and capacity of person signing application)



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

DELAWARE, DO HEREBY CERTIFY "APIJECT SYSTEMS, CORP." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF FEBRUARY, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

2022 APR 22 PH 3: UD

Date: 02-24-22

Justiney W. Bullock, Secretary of State

Authentication: 202753196

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