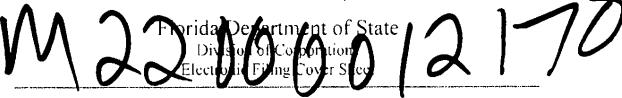
8/3/22, 10:55 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220002619693)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

\*\*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 Apex Events, LLC

Certificate of Status	0
Certified Copy	l
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPILANCE WITH SECTION 6050602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

i nune unavanable, enter atternate i	unic adopted for the purpose of transacting business in H	orda the	alternate name must include "Limited Li	ability Compar	nv," "L.L.C," or
California 2.		3	90-0525893		
(Junsdiction under the law of which foreign limited hability company is organized)		٠	(FE) numb	(FE) number, if applicable)	
07/21/2022					
•	(Date first transacted business in Florida, if prior to (See sections 605 0901 & 605 0905, F.S. to determine	registration ne penalty	a 3 Bubdity )		
980) Research Drive		6	0801 Research Drive		
rect Address of Principal Office)		<b>(</b> 1.	(Mailing Address)	<u></u>	202
Irvine, CA 92618			Irvine, CA 92618		2022 (::
					l G
				A41	7
Name and street address	s of Florida registered agent: (P.O. Box	NOT:	acceptable)	:	<u>ယ</u> ှ
Name:	C T Corporation System				S
Office Address:	1200 South Pine Island Road				
	Plantation		33324 , Florida		
	(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.

Eric Jensen, Assistant Secretary, CT Corporation System
(Registered agent's sugnature)

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 (6) total):

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
□Manager	Name: Forest Smith	⊡Manager	Name: Lina Smith	
■Member	Address: 9801 Research Drive	⊠Member	Address: 9801 Research Drive	
□Authorized	Irvine, CA 92618	□Authorized	Irvine, CA 92618	
Person		Person		
Other	Other	□Other	□Other	
□Manager	Name:	□Manager	Name:	
□Member	Address: 19801 Research Dr	□Member	Address:	
■ Authorized	Irvine, CA 92618	☐ Authorized	-	
Person		Person	2022	
□Other	□Other	Other	□Other 2	
			., ၊ ယ	
□Manager	Name:	□ Manager	Name:	
□Member	Address:	⊡Member	Address:	
□Authorized		Authorized	<u>v</u> 1	
Person		Person		
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.

- 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 \$ 817.155, F.S.

Royd mateureea
Signature of an authorited person
Roge: Matsunaga, Controller
Typed or printed name of rignee

To: Page: 5 of 5 2022-08-03 08:56:38 PDT 19548277645 From: Kaity Toon



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: APEX EVENTS, LLC Entity No.: 200801810028 Registration Date: 01/10/2003

Entity Type: Limited Liability Company - CA

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

THE OF THE OF

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of 121, 2022.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 031415825

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.