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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

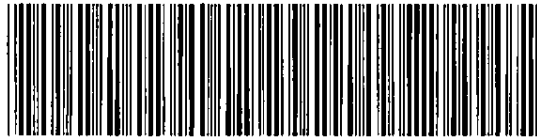
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2023 SEP 29 PM 3:22

T. LEMTUX

OCT - 6 2023



101 Rurkin Dr.  
St. Johns, FL 32259  
~~606 Commercial Ave., Suite B~~  
~~Anacortes, WA 98221, USA~~  
1-360-299-6666 929-8264  
www.aptsol.net

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

August 30, 2023

Dear Secretary of State,

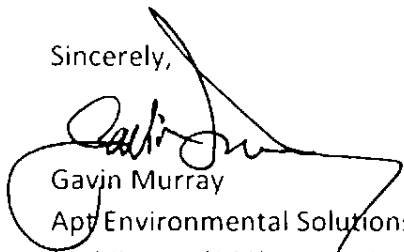
Enclosed find:

- an "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida";
- a Certificate of Existence; and
- a check for \$130.00.

This package is being submitted to register the referenced foreign limited liability company to enable it to transact business in Florida.

Please return all correspondence concerning this matter to the LLC's Registered Agent as directed in the attached cover sheet.

Sincerely,

  
Gavin Murray  
Apt Environmental Solutions, LLC  
Mobile: 1+ (360) 929-8264

1 2

**SUBJECT:** APT ENVIRONMENTAL SOLUTIONS, LLC  
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

For further information concerning this matter, please call:

**Mailing Address:**

**Street Address:**

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

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

IN COMPLIANCE WITH SECTION 605.06, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. APT ENVIRONMENTAL SOLUTIONS, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLP")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")

2. Wyoming

(Jurisdiction under the laws of which foreign limited liability company is organized)

3.

(D.D. number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.  
(See sections 605.06(4) & 605.06(5), F.S., to determine penalty liability.)

101 Ruskin Drive

5. (Street Address of Principal Office)

St. Johns, FL 32259

101 Ruskin Drive

6. (Mailing Address)

St. Johns, FL 32259

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

Name: NCH Registered Agent

Office Address: 390 North Orange Ave., Ste. 2300-N

Orlando

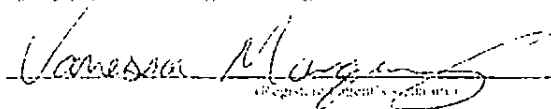
Florida 32801

(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.

  
\_\_\_\_\_  
(Registered Agent's Signature)

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L.B.

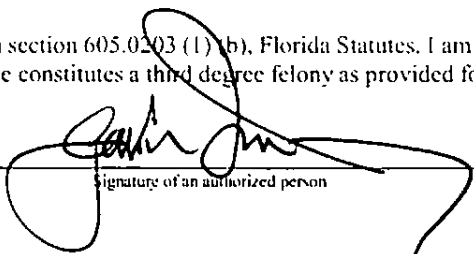
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Gavin Murray	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 101 Ruskin Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	St. Johns, FL 32259	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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 s.817.155, F.S.

  
\_\_\_\_\_  
Signature of an authorized person  
Gavin Murray  
\_\_\_\_\_  
Typed or printed name of signee

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

**APT ENVIRONMENTAL SOLUTIONS, LLC**

is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **March 10, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001236345**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 29th day of August, 2023 at 1:30 PM. This certificate is assigned ID Number 064711823.



A handwritten signature in cursive script that reads "Chuck Gray".

Secretary of State