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COVER LETTER

TO:

Registration Section

JECT:	Nam	e of Limited Liability Company				
	"Application by Foreign Limited Liability	Company for Authorization to Transact Business in Florida." Ce referenced foreign limited liability company to transact business				
se return	all correspondence concerning this matter t	to the following:				
	Andrew Roth					
	Name of Person					
	Apex Promoz, LLC					
	Firm/Company					
PO Box 51483 Address						
	(ity/State and Zip Code				
	andrew@apexpromoz.com					
	E-mail address: (to be	e used for future annual report notification)				
urther in	formation concerning this matter, please ca	11:				
Andrew Roth		at () Area Code Daytime Telephone Number				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address:		Street Address:				
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Pleas	osed is a check for the following amount: se make check payable to: FLORIDA DEF 125.00 Filing Fee	PARTMENT OF STATE				

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

L Apex Promoz, LLC							
(Name of Foreign	Limited Liability Company; must include "Limited	I Liabilit	y Company," "L.L.	C.," or "LLC ")			
If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	orida The	afternate name must	include "Limited Liab	nlity Company." "	l,,l,,C," c	or "LLC.")
Horry County, South Ca		3.					
(Jurisdiction under the law of which foreign limited liability company is organized)				(FEI number, if applicable)			
1/1/2024 4.							
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registratio ne penalty	n.) Hability)				
9341 Pond Cypress Ln			PO Box 51483				
Street Address of Principal Office)	6.	(Mashing Add	iess)			_	
Myrtle Beach, SC 29579			Myrtle Beach, SC 29579				
							-
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT :	acceptable)			2021	
John Bodner Name:					ON TIMES	2024 FEB 12	11
Office Address:	13560 Cherry Tree Court				· · · · · · · · · · · · · · · · · · ·		
	Fort Myers		, Florid	33912 a	OF STAT	PM 12: 42	•
	(City)			(Zip code)	ੰ ਜੀ	1/2	

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)

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:	□Manager	Name:
■Member	Address: 13560 Cherry Tree Court	■Member	Address: 612 Oxbow Dr
□Authorized	Fort Myers, FL 33912	□Authorized	Myrtle Beach, SC 29579
Person		Person	
□Other	Other	Other	
□Manager	Name: Andrew Roth	□Manager	Name:
■Member	Address: 9341 Pond Cypress Ln	□Member	Address:
□Authorized	Myrtle Beach, SC 29579	□Authorized	
Person		Person	
Other	Other	Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	□Other	□Other	Other

<u>Important Notice:</u> 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.

John Paul Bodner 2/8/2024

Typed or printed name of signee

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Apex Promoz LLC, a limited liability company duly organized under the laws of the State of South Carolina on May 5th, 2022, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 7th day of February, 2024.

Mark Hammond, Secretary of State