24000014365

(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



000437053340

M. SOLOMON NOV 1 3 2024

CSC - Tallahassee CSC 1201 Hays Street

Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 11/12/24 Order #: 1676563-5

Re: Aptamus Carbon Solutions LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$130.00 - FL State Account Number:

12000000195

Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:

Registration Section

SUBJECT:	APTAMUS CARBON SOLUTIONS LLC							
	Name of Limited Liability Company							
		Company for Authorization to Transact Business in Florida referenced foreign limited liability company to transact business.						
Please return	all correspondence concerning this matter t	to the following:						
	SUSAN ALLAN							
		Name of Person	_					
APTAMUS CARBON SOLUTIONS LLC								
Firm/Company								
302 KNIGHTS RUN AVE, #1200								
	Address							
	TAMPA, FL 33602	Mu∓ Ǚex	PM 4: 2					
City/State and Zip Code								
	LEGALDEPARTMENT@OSG.COM	·						
	E-mail address: (to be	e used for future annual report notification)	_					
For further in	nformation concerning this matter, please ca	ill:						
DE	BBIE KEBLIN	813 416-3652						
	Name of Contact Person	at () Area Code Daytime Telephone Number						
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810						
Div P.C Tal Enc Ples	vision of Corporations D. Box 6327	Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 PARTMENT OF STATE be & S155.00 Filing Fee & S160.00 Filing Fee						

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	orida. The af	ternate name must include "Limited Liabili	ty Company," "L.L.C," or	·"LLÇ.
DELAWARE			88-3055690		
(Jurisdiction under the law of which foreign limited liability company is organized		3	(FEI number, if applicable)		
UPON QUALIFICA	TION				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration.) ine penalty li	ability)	_	
302 KNIGHTS RUN AVE		, ;	302 KNIGHTS RUN AVE	20	
Street Address of Principal Office)		6	(Mailing Address)		_
#1200		#	‡ 1200	10V	
TAMPA, FL 33602		TAMPA, FL 33602		2 PM	
Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u> ac	eceptable)	4: 21 6 [ATE	-
Name:	Corporation Service Company				
Office Address:	1201 Hays Street				
	Tallahassee		32301 , Florida		
	(Cny)		(Zíp code)		

(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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: _ SAMUEL NORTON ■ Manager ■ Manager 302 KNIGHTS RUN AVE 302 KNGHTS RUN AVE □Member Address: □Member #1200 #1200 □ Authorized □ Authorized TAMPA, FL 33602 TAMPA, FL 33602 Person Person □Other_____ □Other □Other □Other _____ ■Manager □Manager Name: 302 KNIGHTS RUN AVE Address: ☐ Member □Member #1200 □ Authorized □ Authorized TAMPA, FL 33602 Person Person □ Other □Other □Other Name: □Manager ■ Manager Name: □ Member Address: □ Member Address: ☐ Authorized □ Authorized 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. 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. Signature of an authorized person

Typed or printed name of signee

CSC QUAL-50786

SUSAN ALLAN

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "APTAMUS CARBON SOLUTIONS 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 ELEVENTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "APTAMUS CARBON SOLUTIONS LLC" WAS FORMED ON THE FIRST DAY OF JUNE, A.D. 2022.

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

Authentication: 204840963

Date: 11-11-24

6847808 8300 SR# 20244175668