

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16-49</u>, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

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purpose submits the following statement:			
The name of the limited liability company is:			
Apollo Retall Specialists LLC			
Is this company organized in its state or country of format	ion as a low-profit limited liabi	lity company? Yes No✓	
The name, if different, under which it proposes to register and	d transact business in Rhode	Island is:	
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2. The LLC is organized under the laws of: North Carolin	na	*	
3. The date of its organization is: 2/7/2005			
And the period of its duration is: CHECK ONLY ONE BOX		· · · · · · · · · · · · · · · · · · ·	
Perpetual (on-going)			
Date certain for dissolution 1/15/2104			
4. The name and address of the resident agent/office in Rhoo	le Island is:		
Agent Name Corporate Creations Network Inc.			
Street Address (NQT a P.O. Box) 10 Dorrance Street #700			
City/Town Providence	State RHODE ISLAND	Zip Code 02903	
The Department of State is appointed the agent of the fore time there is no resident agent or if the resident agent cannot diligence.	ign limited liability company fo be found or served following	or service of process if at any the exercise of reasonable	
6. The address of any office required to be maintained in the liability company is organized is:	state or other jurisdiction unde	er the laws of which the limited	
15720 Brixham Hill Avenue #300 Charlotte, NC 28277			

14.01 pm

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 2 0 2017 BY 301513 VM

7. The mailing address for the limited liability company is:				
1234 Tech Blvd., Tampa, FL 33619				
8. Management of the Limited Liability Co	mpany:			
The limited liability company is managed:				
By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)				
By one (1) or more managers (List managers below)				
MANAGER	ADDRESS			
C. MICHAEL SUNDERLAND	1234 Tech Blvd., Tampa, FL 33619			
Angela C. LaFon	1234 Tech Blvd., Tampa, FL 33619			
9. This application is accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is formed that is dated within 60 days of the filing of this document.				
10. Date when this application for Certificate of Registration will be effective: CHECK ONLY ONE BOX				
✓ Date received (Upon filing)				
Later effective date (Date must be no more than 30 days from the day of filing)				
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.				
Type or Print Name of LLC		Date		
Apollo Retall Specialists LLC		04/19/17		
Signature of Authorized Person				
By: Savannah Montalban, Attorney-in-Fact SIGN DOCUMENT HERE				

Limited Power of Attorney

The undersigned Officer of Apollo Retail Specialists LLC a North Carolina entity ("the Company"), appoints Savannah Montalban as attorneyinfact(s) for the Company and its subsidiaries for the limited purposes authorized in this Limited Power of Attorney. Natasha Duke, Special Manager grants to the attorneyinfact the power to execute the documents necessary to change the registered agent, change of address, amendments, fictitious name registrations, fictitious name renewals, qualifications, annual reports, amended annual reports, initial reports, obtain tax clearance/compliance certificate(s), withdraw, dissolve, reinstate, convert or form the Company and its subsidiaries. The named individuals shall act in such office and with such authority as is required to effect the changes contemplated in this Limited Power of Attorney.

This Limited Power of Attorney expires on the earlier of (a) the filing of change of registered agents and/or change of address and/or amendments and/or fictitious name registrations and/or fictitious name renewals and/or qualifications and/or annual reports and/or amended annual reports and/or initial reports and/or withdraw and/or dissolve and/or formations and/or reinstate for the Company and its subsidiaries or (b) six months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by written notice to Corporate Creations Network Inc., 11380 Prosperity Farms Road #221E, Palm Beach Gardens, FL 33410.

The undersigned has executed this Limited Power of Attorney effective as of this 18th day of April, 2017.

Apollo Retail Specialists LLC

Name: Natasha Duke

Title: Special Manager

STATE OF FLORIDA

COUNTY OF PALM BEACH

Subscribed and sworn to before me this 18th day of April, 2017.

Notary Public

FERNANDO JIMENEZ

Notary Public - State of Florida

My Comm. Expires May 11, 2018

Commission # FF 121647



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

APOLLO RETAIL SPECIALISTS, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 7th day of February, 2005, with its period of duration being 01/15/2104.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

Certification# 100459706-1 Reference# 13779870- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 18th day of April, 2017.

Elaine J. Marshall

Secretary of State