RI SOS Filing Number: 202453833910 Date: 5/3/2024 3:30:00 PM



# State of Rhode Island Office of the Secretary of State

Fee: \$150.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Foreign Limited Liability Company Application for Registration

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

#### **ARTICLE I**

The name of the limited liability company is: Apex Pro Services, LLC

Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.

#### **ARTICLE II**

The name, if different, under which it proposes to register and transact business in Rhode Island is:

#### **ARTICLE III**

The Limited Liability Company is organized under the laws of: State: FL Country: USA

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date: 05/06/2024

## **ARTICLE IV**

The date of its organization is: 2/21/2023

# **ARTICLE V**

The period of its duration is: X Perpetual

# **ARTICLE VI**

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: <u>6 FIRST STREET</u>

City or Town: WESTERLY, State: RI Zip: 02891

Name: <u>THOMAS FAUST</u>

## **Article VII**

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

APEX PRO SERVICES IS A ROOFING AND CONSTRUCTION CONTRACTOR LOOKING TO CONDUCT

BUSINESS IN THE STATE OF RI. OUR PRIMARY FOCUS IS ROOFING SOLUTIONS FOR RESIDENTIAL AND COMMERCIAL STRUCTURES.

#### **ARTICLE VIII**

The Rhode Island Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

#### **ARTICLE IX**

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street: 4850 TAMIAMI TRAIL NORTH, SUITE 301

City or Town: NAPLES State: FL Zip: 34103Country: USA

#### **ARTICLE X**

The mailing address for the limited liability company is:

No. and Street: 4850 TAMIAMI TRAIL NORTH, SUITE 301

City or Town: NAPLES State: FL Zip: 34103Country: USA

# **ARTICLE XI**

The limited liabilty company is to be managed by its X Members\* or \_\_\_ Managers (check one)

\* If you checked to be managed by your MEMBERS (*the owners*) DO NOT complete the following section. Only complete the following section if you checked to be managed by MANAGERS.

The name and address of each manager:

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 3 Day of May, 2024 at 3:31:05 PM by the Authorized Person.

THOMAS FAUST	
Form No. 450 Revised 09/07	
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# State of Florida Department of State

I certify from the records of this office that APEX PRO SERVICES, LLC is a limited liability company organized under the laws of the State of Florida, filed on February 21, 2023, effective February 16, 2023.

The document number of this limited liability company is L23000079724.

I further certify that said limited liability company has paid all fees due this office through December 31, 2024, that its most recent annual report was filed on April 3, 2024, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Second day of May, 2024



Secretary of State

Tracking Number: 6563686613CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

May 03, 2024 03:30 PM

Gregg M. Amore Secretary of State

Treg M. Coure

