

## State of Rhode Island Office of the Secretary of State

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

## Certificate Request Form

## **Request Information**

ID	ENTITY NAME	CERTIFICATE TYPE
001787275	APEX CFM LLC	Certificate of Good Standing

## **Filer's Contact Information**

(Enter a contact name, mailing address and email.)

Contact Name: <u>Tyler Weinrich</u>
Business Name: <u>APEX CFM LLC</u>

No. and Street: 31899 Del Obispo Street

**Suite 150** 

City or Town: <u>SAN JUAN CAPISTRANO</u> State: <u>CA</u> Zip: <u>92675</u> Country: <u>USA</u>

Contact Phone: 9495472766 ext:

Contact Email: <a href="mailto:licensing@apexcfm.com">licensing@apexcfm.com</a>

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