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(Čity/s	State/Zip/Phone #	<del>¥</del> )
PICK-UP	TIAW [	MAIL
(Busir	ness Entity Name	)
(Docu	iment Number)	
Certified Copies	Certificates	of Status
	•	
		<del></del> _
Special Instructions to Filing	g Officer:	

Office Use Only



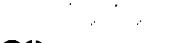
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CSC - Tallahassee CSC 1201 Hays Street

Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland

Ext: 61592 Date: 08/24/22 Order #: 900545-1 Re: 360 Holdco, Inc.

Processing Method: Routine

#### TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

12000000195

**AUTHORIZATION** 

pubblenan Please take the following action:

Issue Proof of Filina File on Routine Basis

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 Division of Corporations	
SUBJECT: 360Holdco, Inc.	
Name of corporation	- must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stan above referenced foreign corporation to transact busine	ding" and check are submitted to register the
Please return all correspondence concerning this matter	to the following:
William R. Paape	
Name of	Person
360Hodico, Inc.	
Firm/Com	pany
5000 Plaza on the Lake Suite 305	
Addro	ess
Austin, TX 78746	
City/State a	nd Zip code
bill.paape@360training.com	
E-mail address: (to be used f	or future annual report notification)
For further information concerning this matter, please c	all:
William R. Paape at ( 512	) 904-3136
Name of Person Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Please make check payable to: FLORIDA DEPARTMENT  \$70.00 Filing Fee \$\Bigcup \text{Certificate of Status}\$	OF STATE  1 \$78.75 Filing Fee & S87.50 Filing Fee.  Certified Copy Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

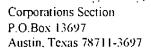
1.	360Hold	co, Inc	
		corporation; must include "INCORPORATED." "(Corp." "Inc." "Co." or "Corp.")	COMPANY," "CORPORATION,"
	(If name unavai	ilable in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Florida)
2.	Texas	3.	27-1838081
	(State or coun	try under the law of which it is incorporated)	(FEI number, if applicable)
4.	01/01/20	010 5 5	
	(Dat	te of incorporation)	(Date of duration, if other than perpetual)
6.			
		(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	orida, if prior to registration) F.S., to determine penalty liability)
7.	5000 Pla	za on the Lake Suite 305, Austin, TX 7	
		(Principal office s	<u>treet</u> address)
		(Current mailing ac	Ideas (CdiCorent)
		(Current maning ac	idiess, ii differenty
8.	Name and stre	eet address of Florida registered agent: (P.O. B	ox NOT acceptable)
	Name:	CorporationServiceCompany	
Of	ffice Address:	1201HaysStreet	
		Tallahassee	Florida 32301
		(City)	(Zip code)
Hi de fu	aving been nar signated in thi rther agree to d I am familia	s application, I hereby accept the appointmen	of process for the above stated corporation at the place t as registered agent and agree to act in this capacity. I live to the proper and complete performage of my dutie on as registered agent.
	_	By: Cluxus Wilnd, A.v (Registered agent's signa	ture)
10	. Attached is a	certificate of existence duly authenticated, not	more than 90 days prior to delivery of this application to

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	And the second second				
□Chairman	Name: Thomas Anderson	□Chairman	Name: William Paape		
□Vice Chairman	Address: 000 Plaza on the Lake Suite 305	□Vice Chairman	Address 000 Plaza on the Lake Suite 30		
<b>⊠</b> Director	Austin, TX 78746	□Director	Austin, TX_78746		
<b>X</b>  President		□President			
□Vice President		XVice President			
Secretary	□Treasurer	☐ Secretary	X Treasurer		
Other	Other	Other	Other		
□Chairman □Vice Chairman  ☑Director	Name: Henry Heinerscheid  Address: 5000 Plaza on the Lake Suite 305  Austin, TX 78746	□Chairman □Vice Chairman	Name: Chip Baird 5000 Plaza on the Lake Suite 30 Address: Austin, TX 78746		
President		President			
			<del></del>		
Secretary	□ Treasurer	□Secretary _	□ Treasurer		
□Other	Other	Other	Other		
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		President			
□Vice President	<del></del>	□Vice President			
☐ Secretary	□Treasurer	□Secretary	□Treasurer		
Other	Other	□Other	Other		
Important Notice: 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 what filing your Florida Department of State Annual Report form.  12.  Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.	Milliam D. Danza				
13	William R. Paape (Typed or printed name and capacity of person	signing application	)		





# Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for 360Holdco, Inc. (file number 801201956), a Domestic For-Profit Corporation, was filed in this office on December 07, 2009.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: January 01, 2010

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 23, 2022.



Phone: (512) 463-5555

Prepared by: SOS-WEB

John B. Scott Secretary of State

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 1171948600003

## **COVER LETTER**

TO:	O: Registration Section Division of Corporations					
SUBJ	ECT: _	360Holdco, Inc.				
		Na	ime of corporation	n - mı	ust include suffix	
Dear S	ir or Mad	lam:				
"Certif	ficate of I	Application by Foreig Existence," or "Certified foreign corporation	icate of Good Sta	nding	" and check are sub	et Business in Florida," mitted to register the
Please	return al	l correspondence con	cerning this matte	er to th	ne following:	
		William R. Pa	ape			
		<del>-</del>	Name o	f Perso	on	<del></del>
		360Hodico,	Inc.			
		<del>-</del>	Firm/Co	mpany	,	
	5000 PI	aza on the Lake S	uite 305			
	<u> </u>		Add	ress		
	Austin,	TX 78746				
			City/State	and Zi	p code	
		bill.paape@3	360training.coi	n		
		E-mail add	dress: (to be used	for fu	ture annual report r	otification)
For fur	ther info	rmation concerning th	is matter, please	call:		
Willia	am R. P	aape	at ( <u>512</u>	)	904-3136	
		of Person	Area Co	de	Daytime Telepl	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please n			A DEPARTMEN	□ <b>\$</b> 78	STATE 1.75 Filing Fee & rtified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy