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Office Use Only



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April 11, 2018

360 CARE LLC 27 N 17TH ST RICHMOND, VA 23219

SUBJECT: 360 CARE LLC Ref. Number: W18000034133

We have received your document for 360 CARE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 618A00007334

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DEPARTMENT OF S
DIVISION OF COMPANY
TALLAMON OF SERVICES

118 HAY -1 PO 12: 1

COVER LETTER

| TQ: Registratio Division of | n Section Corporations | | | | | |
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| SUBJECT: 360 C | are LLC | | | | | |
| SUBJECT: Oct of | | of Limited Liability Company | | | | |
| | eation by Foreign Limited Liability Co are submitted to register the above re | | | | | |
| Please return all corn | espondence concerning this matter to | he following: | | | | |
| | | | | | | |
| | | Name of Person | | | | |
| 36 | 0 Care LLC | | | | | |
| Firm/Company | | | | | | |
| 27 N 17th Street | | | | | | |
| | | Address | | | | |
| RI | CHMOND, VA 23219 | | | | | |
| | City | /State and Zip Code | | | | |
| | | | | | | |
| | E-mail address: (to be u | sed for future annual report notific | cation) | | | |
| For further information | on concerning this matter, please call: | | | | | |
| PATRICIA | A FITZPATRICK | at (410) 598-595 | | | | |
| | Name of Contact Person | Area Code Daytin | nc Telephone Númber | | | |
| Registration P.O. Box 63 Tallahassee. | Corporations Section 27 FL 32314 | STREET A Division of Registration Clifton Buil | Corporations Section ding tive Center Circle | | | |
| □ \$125.00 I | or the following amount: Filing Fee \$\forall \forall \forall \text{\$130.00 Filing Fee &} Certificate of Status | ~ | □ \$160.00 Filing Fee, Certificate of Status & Certified Copy | | | |

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

IN COMPLIANCE WITH SECTION 6/5/1902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANYTOTRANSACT BUSINESS INTELE STATE OF FLORIDA:

| 1. 360 Care LLC (Name of Fore | ign Limited Liability Company; must include "Limited Lia | bility Company," "L.L.C.," | or "LLC.") | |
|--|--|--------------------------------------|----------------------|---------------|
| (If name unavailable, enter al Liability Company," "L.L.C. | ternate name adopted for the purpose of transacting busines | s in Florida, The alternate | name must include | e "Limited |
| 2. Virginia | 3. | | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | (FEI number, if applica | ble) | |
| 4 | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine | registration.) penalty liability) | | |
| 5. 27 N 17 | th Street | | <u>.</u> | |
| Richmond | , VA . 23219 (Street Address of Principal Office) | | | |
| 6. 27 N 17th Street | (Street Address of Principal Office) | | | |
| 6. 27 W Trui Sueet | | | | |
| Richmond VA 23219 | (Mailing Address) | | | |
| 7 None and a second | | ••• | | |
| 7. Name and street addres | s of Florida registered agent: (P.O. Box NOT accept | able) | | |
| Name: | Registered Agents Inc. | - | | |
| Office Address: | 3030 N. Rocky Point Dr. STE 150A | _ | | |
| | Tampa | Florida <u>33607</u> | | |
| Registered agent's accept | (City) | (Zip code) | 3 | |
| Having been named as re- designated in this applica- to complywith the provision | gistered agent and to accept service of process for the ion, I hereby accept the appointment as registered a ons of all statutes relative to the proper and complete by position as registered agent. | gent and agree to act in | this capacity. I | further agree |
| | But Ham | | · | |
| | (Registered agent's signature) | | <u> </u> | Ū |
| 8. The name, title or capa | city and address of the person(s) who has/have author | ity to manage is/are: | | |
| Parricia | FITZPATRICK . M. | ember | <u> </u> | |
| 27 N. 17 | th Street, Richmond, 1 | JA. 2321 | 9 | |
| jurisdiction under the law of the translator must be su This document is executed | Signature of an authorized person in accordance with section 605.0203 (1) (b), Florida S | In language, a translation | an of the certificat | e under oath |
| submitted in a document to | the Department of State constitutes a third degree felo | ony as provided for in s.8 | 117.155, F.S. | • |
| | Typed or printed name of signee | 405 | | |

Communication althor Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That 360 Care LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is September 14, 2017; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

TICE DE 16



Signed and Sealed at Richmond on this Date: March 29, 2018

Joel H. Peck, Clerk of the Commission

CISECOM

Document Control Number: 1803295464