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COVER LETTER

Registration Section Division of Corporations

TO:

Name	e of Limited Liability Company		
	Company for Authorization to Transact Business in Florida," (referenced foreign limited liability company to transact business)		
urn all correspondence concerning this matter to	o the following:		
Thytus P. Dean			
	Name of Person		
TLA Investments LLC			
	Firm/Company		
1700 N. Monroe Street Suite 11-251			
	Address		
Tallahassee, FL 32303			
C	ity/State and Zip Code		
tpaul@360propmaintenance.com			
E-mail address: (to be	used for future annual report notification)		
er information concerning this matter, please cal	1:		
Paul Dean	850 728-0237		
Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address: Registration Section	Street Address: Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 360 Property Maintenar						
(Name of Foreign	Limited Liability Company: must include "Limit	d Liability Compar	iy," "L.L.C.," or "L	I.C.")		
360 Property Maintenance	Services LLC					
(If name unavailable, enter alternate n	name adopted for the purpose of transacting business in l	lorida. The alternate n	ame must include "Lis	nited Liabilit	y Company,	" "L.L.C," or "LLC.")
Alabama 2		3				
(Jurisdiction under the law of wi	hich foreign limited liability company is organized)	J	(17)	I number, if	applicable)	
4.						
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) inc penalty liability)	,			
27188 Hwy 43		1700 N	I. Monroe Stree			
(Street Address of Principal Office)		(M	ailing Address)			-
Leroy, AL 36545		Tallah:	issee FL 32303			
				<u> </u>	200	
7. Name and street address	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptal	ble)	がはない。	HAR -2	TILE
Name:	Paul Dean				ছ ক্	Ö
Office Address:	1472 Mitchell Avenue			72 (1 / m 1 / m 1 / m 1 / m	E.S	
	Tallahassee		32303 , Florida			
	(City)		(Zip i	ode)		

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
■Manager	Name:	□Manager	Name:	
□Member	Address: 1472 Mitchell Avenue	□Member	Address:	
□Authorized	Tallahassee, FL 32303	□Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□Other
				•

<u>Important Notice:</u> 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 when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Signature of an authorized person

Typed or printed name of signer

John H. Merrill Secretary of State P. O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

as appears on file and of record in this office, the pages hereto attached, contain a true, accurate, and literal copy of the Articles of Formation filed on behalf of 360 Property Maintenance Limited Liability Company, as received and filed in the Office of the Secretary of State on 02/10/2020.



20200214000001396

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

02/14/2020

Date

J. W. Menill

John H. Merrill

Secretary of State