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6ORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 953362 7223542

AUTHORIZATION : Symbolic man

COST LIMIT : \$'\130'.00

ORDER DATE : August 11, 2021

ORDER TIME : 1:32 PM

ORDER NO. : 953362-005

CUSTOMER NO: 7223542

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#### FOREIGN FILINGS

NAME: A360 ENTERPRISES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

#### COVER LETTER

URIFCT:	A360 Enterprises, LLC			
maner: _	Name of Limited Liability Company			
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.		
ease return a	ill correspondence concerning this matter t	to the following:		
	Chris Clarke			
		Name of Person		
	A360 Enterprises, LLC			
		Firm/Company		
	4600 West 77th Street, Suite #295			
		Address		
	Edina, MN 55435			
	C	City/State and Zip Code		
	cclarke@accessible360.com			
	E-mail address: (to be	e used for future annual report notification)		
or further info	ormation concerning this matter, please cal	II:		
Chris	s Clarke	613 325-4810		
	Name of Contact Person	at ()		
Mailing Address: Registration Section		Street Address: Registration Section		
Division of Corporations		Division of Corporations		
	Box 6327	The Centre of Tallahassee		
Lafta	shassee. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	sed is a check for the following amount: e make check payable to: FLORIDA DEP	PARTMENT OF STATE		
	25.00 Filing Fee \$130.00 Filing Fee Certificate o	e & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate		

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name may adable, enter alternate	name adopted for the nurrous of transacting business in Fl	orida The alternate name must include "Limited Liability Company," "L.I	I C " or " I C ")
Delaware	name adopted for the purpose of damacting easiliess in ci		LC, or the
<b>)</b>		85-4100567 3.	
(Jurisdiction under the law of v	shich foreign limited liability company is organized)	(FEI number, if applicable)	
January 29, 2021			
•	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	registration ) ne penalty liability)	
4600 West 77th Stre		4600 West 77th Street, Suite #295	
Sucet Address of Principal Office)		6. (Mailing Address)	
Edina, MN		Edina, MN	
55435		55435	
. Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box  Corporation Service Company	NOT acceptable) -	2021 AUG
. Name and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Box  Corporation Service Company	NOT acceptable) -	2021 AUG 1 1
		<del></del>	2021 AUG 1 1 - Bu
Name:	Corporation Service Company		Di
Name:	Corporation Service Company 1201 Hays Street		Di

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: Chris Clarke Ariel Kunar Manager ■Manager 885 Meadowlands Drive E., 4600 West 77th Street, □Member Address: □Member Suite #295, Edina, MN 55435 Suite 401, Ottawa, Ontario, Canada □ Authorized □ Authorized K2C 3N2 Person Person □Other □ □Other Other □Other\_\_\_\_\_ Name: Rick Clifton Name: Craig Albrecht □Manager □Manager 7600 Forsyth Blvd. 7600 Forsyth Blvd. □ Member □Member Suite 2700, St. Louis, MO 63105 Suite 2700, St. Louis, MO 63105 ■Authorized Authorized Person Person □Other □Other\_\_\_\_ □Other ..\_\_\_ □Other\_\_\_\_\_ □Manager Name: \_\_\_\_\_ □Manager Name: Address: ☐ Member Address: □Member □ Authorized □ Authorized Person Person □Other\_ □Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Chris Clarke

Exped or printed name of signee

Chris Clarke

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# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "A360 ENTERPRISES, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE ELEVENTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "A360 ENTERPRISES, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 203896023

Date: 08-11-21