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TALLAHASSEE, FLA.

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2022 DEC 28 PM 2:31

DEC 28 2022
K. Brumley

CT CORP
3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 12/28/2022

en: JSH

Acc#I20160000072

Name:	360 Hazardous Cleanup LLC
Document #:	
Order #:	14698728

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications:
	Plain: <input type="checkbox"/>	<i>tcalascibetta@chuhak.com</i>
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **155.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 360 HAZARDOUS CLEANUP, LLC Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Thomas Calascibetta

Name of Person

Chuhak & Teeson PC

Firm/Company

120 S. Riverside Plaza, Suite 1700

Address

Chicago, IL 60606

City/State and Zip Code

tcalascibetta@chuhak.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Calascibetta 312 855-6413
at () Area Code Daytime Telephone Number
Name of Contact Person

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32310

Street 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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

**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 TRANACT BUSINESS IN THE STATE OF FLORIDA:

360 HAZARDOUS CLEANUP, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC-")

ILLINOIS

2. (Jurisdiction under the law of which foreign limited liability company is organized)

92-1252206

(EEL number, if applicable)

4 upon filing

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

4 BONNIE LANE
5. _____
(Street Address of Principal Office)

6. 4 BONNIE LANE
(Mailing Address)

YORKVILLE ILLINOIS 60560

YORKVILLE, ILLINOIS 60560

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: _____

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

APPROVED
AND
FILED

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.

By: Nichol McCroy Nichol McCroy, Asst. Secretary
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: CHRIS E. WILSON	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 4 BONNIE LANE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	YORKVILLE, ILLINOIS 60560	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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 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.



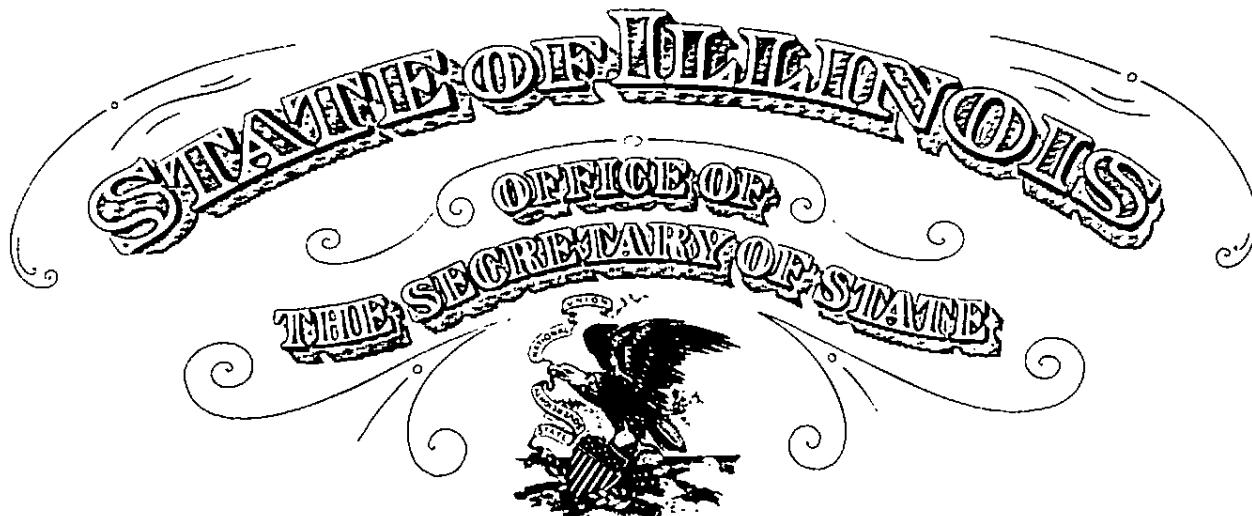
Signature of an authorized person

CHRIS E. WILSON, MANAGER

Typed or printed name of signee

File Number

1254551-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

360 HAZARDOUS CLEANUP, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 05, 2022, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH day of DECEMBER A.D. 2022.



Authentication #: 2236201848 verifiable until 12/28/2023

Authenticate at: <https://www.ilsos.gov>

Jesse White
SECRETARY OF STATE