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SECCETARY OF STATE
SECTION OF STATE
SECT

### **COVER LETTER**

Division of Corporations				
SUBJECT: 360 Network Solutions, LLC				
	corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate of above referenced foreign corporation to tra	f Good Stan	ding" and check are subm		
Please return all correspondence concerning	g this matter	to the following:		
William G. Stalcup III				
	Name of	Person		
360 Network Solutions, LLC				
	Firm/Com	pany		
1800 Sandy Plains Industrial Pkwy, STE 304				
	Addre	ess		
Marietta, GA 30066				
	City/State a	nd Zip code		
billy@360ns.net		_		
E-mail address:	(to be used f	or future annual report not	ification)	
For further information concerning this ma	tter, please c	all:		
William G. Stalcup III	678	ode ) 637-9542 Daytime Telephone Number		
Name of Person	Area Code	Daytime Telepho	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303		Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amout Please make check payable to: FLORIDA DEF  \$70.00 Filing Fee	PARTMENT Fee &		S87.50 Filing Fee, 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.

(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florida	 ı)	
	·			
(State or count)	ry under the law of which it is incorporated)	(FEI number, if applicable)		
(Date	e of incorporation)	(Date of duration, if other than perpetual)	_	
1/01/2023				
		in Florida, if prior to registration)	_	
0000 1 101 /		1502, F.S., to determine penalty liability)		
800 Sandy Plain	ns Industrial Pkwy, STE 304, Marietta, GA 30	H066	_	
		ffice street address)		
2146 Roswell Ro	I. Suite 108 #1105, Marietta, GA 30062		_	
	(Current mail	ing address, if different)		
<b>N</b> 1 1 .	. II 651 'I '- I	O. Box NOT acceptable)  SECRETALLIAN		
Name and stree	et address of Florida registered agent: (P.	.O. Box NOT acceptable)		
Name:	Jessica Stalcup		<b>)</b>	
fice Address:	762 North Shore Dr			
nee Address.	Anna Maria		Σ Ω	
	(City)	Florida 34216 (Zip code)	 ७	
	(City)	(Zip code)		

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.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS						
□Chairman	Name: William G. Stalcup III	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	Marietta, GA 30068	Director				
President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary		□Treasurer		
□Other	Other	□Other		□Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director		□Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary		□Treasurer		
□Other	Other	□Other		Other		
□Chairman	Name:	⊟Chaiπnan	Name:			
	Address:					
Director		□Director				
□President		□President				
		□Vice President				
□Secretary	□Treasurer	□Secretary		☐Treasurer		
□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 when filing your Florida Department of State Annual Report form.						
12	Signature of Director or	Officer		<del>-</del>		
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.  William G. Stalcup III						

Control Number: 12083734

## STATE OF GEORGIA

#### **Secretary of State**

**Corporations Division** 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

1, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### 360 NETWORK SOLUTIONS, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 24719650 Date Inc/Auth/Filed: 10/22/2012 Jurisdiction : Georgia Print Date : 03/09/2023

Form Number : 211



Brad Raffensperger

**Brad Raffensperger** Secretary of State