

6/9/23, 3:25 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000209224 3)))



H230002092243ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: julmer@stradlinglaw.com

Foreign Limited Liability Company

Full Circle Electronics US, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

FILED
2023 JUN 12 AM 11:39
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 JUN 12 AM 9:15

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)
[Corporate Filing Menu](#)
[Help](#)

DocuSign Envelope ID: E60BAA13-70A2-4F47-BC2B-A2AB65833A6D

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. Full Circle Electronics US, 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. If alternate name must include "Limited Liability Company," "L.L.C.," or "LLC")

2. Delaware 3. 93-1557290
(Jurisdiction under the law of which foreign limited liability company is organized) (FD number, if applicable)

4. 6/7/2023
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0903 & 605.0905, F.S. to determine penalty liability)

5. 1953 San Elijo Ave., Suite 203 6. 1953 San Elijo Ave., Suite 203
(Street Address of Principal Office) (Mailing Address)

Cardiff-by-the-Sea, CA 92007 Cardiff-by-the-Sea, CA 92007

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation 33324
(City) (Zip code)

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: Meredith Hellwig C T Corporation System
(Registered agent's signature) Meredith Hellwig, Assistant Sec.

FILED
2023 JUN 12 AM 11:39
CLERK OF STATE
TALLAHASSEE, FLORIDA

DocuSign Envelope ID: E60BAA13-70A3-4F47-BC2B-A2AB65833A6D

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 type="checkbox"/> Manager	Name: Full Circle Electronics Group LLC	<input checked="" type="checkbox"/> Manager	Name: Ryan Peddycord
<input checked="" type="checkbox"/> Member	Address: 1953 San Elijo Ave., Suite 203	<input type="checkbox"/> Member	Address: 1953 San Elijo Ave., Suite 203
<input type="checkbox"/> Authorized	Cardiff-by-the-Sea, CA 92007	<input type="checkbox"/> Authorized	Cardiff-by-the-Sea, CA 92007
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Brooks Kincaid	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 1953 San Elijo Ave., Suite 203	<input type="checkbox"/> Member	Address:
<input checked="" type="checkbox"/> Authorized	Cardiff-by-the-Sea, CA 92007	<input type="checkbox"/> Authorized	
Person		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		<input type="checkbox"/> Authorized	
Person		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.

Brooks Kincaid

Signature of an authorized person

Brooks Kincaid

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FULL CIRCLE ELECTRONICS US, 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 EIGHTH DAY OF JUNE, A.D. 2023.

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



7476222 8300

SR# 20232711142

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203516099

Date: 06-08-23