

Florida Department of State
 Division of Corporations
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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: ct-statecommunications@wolterskluwer.com

Foreign Limited Liability Company
SECURITY INFORMATION SYSTEMS LLC

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

RECEIVED
 2023 SEP 15 PM 4:53
 DEPT. OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

2023 SEP 15 PM 6:24
 APPROVED
 AHO
 FILED

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. Security Information Systems, LLC
(Name of Foreign Limited Liability Company - must include "Limited Liability Company," "LLC," 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."

2. Michigan
(D Jurisdiction under the law of which foreign limited liability company is organized)
3.
(FBI number, if applicable)

4.
(Date first transacted business in Florida - if prior to registration 1
- see sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3601 WALNUT STREET SUITE 400
(Street Address of Principal Office)
6. 3601 WALNUT STREET SUITE 400
(Mailing Address)
Denver, CO 80202 Denver, CO 80202

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, Florida 33324
(City) (Zip code)

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FILED
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AND

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: C T Corporation System
(Kaity Toon signature)
Kaity Toon, 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 type="checkbox"/> Manager	Name: <u>Matt Feierstein</u>	<input type="checkbox"/> Manager	Name: <u>Eric Remer</u>
<input type="checkbox"/> Member	Address: <u>3601 Walnut St Ste 400</u>	<input type="checkbox"/> Member	Address: <u>3601 Walnut St Ste 400</u>
<input checked="" type="checkbox"/> Authorized	<u>Denver, CO 80202</u>	<input checked="" type="checkbox"/> Authorized	<u>Denver, CO 80202</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

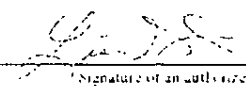
<input type="checkbox"/> Manager	Name: <u>Marc Thompson</u>	<input type="checkbox"/> Manager	Name: <u>EverCommerce Solutions Inc.</u>
<input type="checkbox"/> Member	Address: <u>3601 Walnut St Ste 400</u>	<input checked="" type="checkbox"/> Member	Address: <u>3601 Walnut St Ste 400</u>
<input checked="" type="checkbox"/> Authorized	<u>Denver CO 80202</u>	<input type="checkbox"/> Authorized	<u>Denver CO 80202</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: <u>Lisa Storey</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>3601 Walnut St Ste 400</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Denver CO 80202</u>	<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)

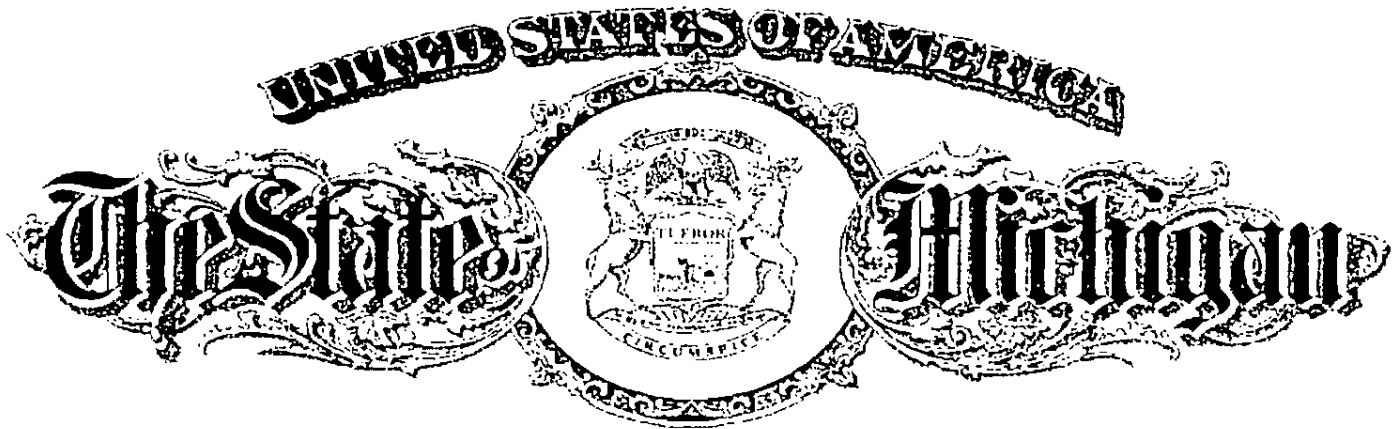
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Lisa Storey

Typed or printed name of signer



Department of Licensing and Regulatory Affairs

Lansing, Michigan

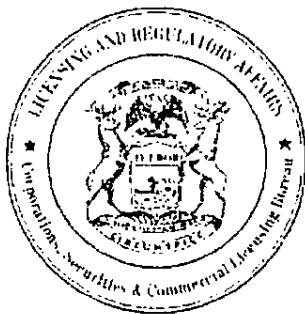
This is to Certify That

SECURITY INFORMATION SYSTEMS, LLC

was validly authorized on March 27, 1989, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan, as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 14th day of August, 2023.

Linda Ciagg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 23080266502