

M23000014597

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : API PROCESSING
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Phone : (954)567-0013
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: kathy@apiprocesswing.com

Foreign Limited Liability Company
Tap Metro Electric, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

**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. TAP METRO ELECTRIC, 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," "L.L.C.," or "LLC.")

2. NEW YORK 3. 20-3593461
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

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

5. 926 LINCOLN AVENUE 6. 926 LINCOLN AVENUE
(Street Address of Principal Office) (Mailing Address)
HOLBROOK, NY 11741 HOLBROOK, NY 11741

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

Name: API PROCESSING - LICENSING, INC.
Office Address: 3419 GALT OCEAN DRIVE, SUITE A
FORT LAUDERDALE, Florida 33308
(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.

Kelly Beal
(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: ANTHONY CARDILLO	<input type="checkbox"/> Manager	Name: STEPHANIE HUDSON
<input type="checkbox"/> Member	Address: 926 LINCOLN AVENUE	<input type="checkbox"/> Member	Address: 926 LINCOLN AVENUE
<input type="checkbox"/> Authorized	HOLBROOK, NY 11741	<input type="checkbox"/> Authorized	HOLBROOK, NY 11741
Person		Person	
<input checked="" type="checkbox"/> Other CHAIRMAN	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other VP/T	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: LARRY PAPPAS	<input type="checkbox"/> Manager	Name: ANTHONY MCENTEE
<input type="checkbox"/> Member	Address: 926 LINCOLN AVENUE	<input type="checkbox"/> Member	Address: 926 LINCOLN AVENUE
<input type="checkbox"/> Authorized	HOLBROOK, NY 11741	<input type="checkbox"/> Authorized	HOLBROOK, NY 11741
Person		Person	
<input checked="" type="checkbox"/> Other PRESIDENT	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other VP	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: JEFFREY CARDILLO	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 926 LINCOLN AVENUE	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	HOLBROOK, NY 11741	<input type="checkbox"/> Authorized	
Person		Person	
<input checked="" type="checkbox"/> Other VP	<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

ANTHONY MCENTEE

Typed or printed name of signer

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STATE OF NEW YORK

DEPARTMENT OF STATE

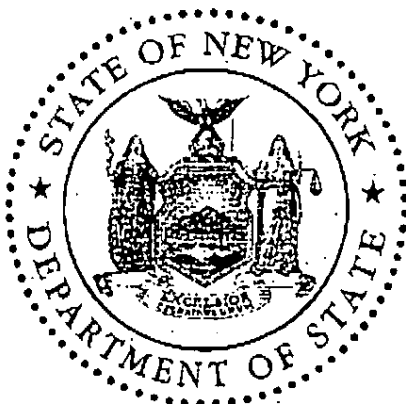
Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: TAP METRO ELECTRIC, LLC
DOS ID Number: 3267160
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 10/11/2005

Statement Status: CURRENT
Statement Due Date: 10/31/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on November 02, 2023 at 03:41 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

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