

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
Account Number : I20110000069
Phone : (954)567-0013
Fax Number : (954)567-3401

****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@apiprocessing.com

Foreign Limited Liability Company
360 Fire & Flood, LLC

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

2024 JAN -5 AM 8:26

FILED
JAN 16 2024
K. Brumblay

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**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. 360 FIRE & FLOOD, 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. MICHIGAN 3. 83-3113950
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. <u>40600 ANN ARBOR ROAD EAST</u> (Street Address of Principal Office) | 6. <u>40600 ANN ARBOR ROAD EAST</u> (Mailing Address) |
| <u>SUITE 201</u> | <u>SUITE 201</u> |
| <u>PLYMOUTH, MI 48170</u> | <u>PLYMOUTH, MI 48170</u> |

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.


(Registered agent's signature)

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NOTARY

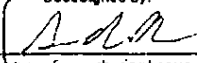
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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: 360 F&F TENEX INVESTORS | <input type="checkbox"/> Manager | Name: WAYNE ELLIOTT |
| <input type="checkbox"/> Member | Address: 40600 ANN ARBOR ROAD E | <input type="checkbox"/> Member | Address: 40600 ANN ARBOR ROAD E |
| <input type="checkbox"/> Authorized | SUITE 201, PLYMOUTH, MI 48170 | <input type="checkbox"/> Authorized | SUITE 201, PLYMOUTH, MI 48170 |
| Person | | Person | |
| <input checked="" type="checkbox"/> Other AMBR | <input type="checkbox"/> Other | <input checked="" type="checkbox"/> Other AMBR | <input type="checkbox"/> Other |
| | | | |
| <input type="checkbox"/> Manager | Name: ADAM BECKER | <input type="checkbox"/> Manager | Name: PAUL CLARKE |
| <input type="checkbox"/> Member | Address: 40600 ANN ARBOR ROAD E | <input type="checkbox"/> Member | Address: 40600 ANN ARBOR ROAD E |
| <input type="checkbox"/> Authorized | SUITE 201, PLYMOUTH, MI 48170 | <input type="checkbox"/> Authorized | SUITE 201, PLYMOUTH, MI 48170 |
| Person | | Person | |
| <input checked="" type="checkbox"/> Other AMBR | <input type="checkbox"/> Other | <input checked="" type="checkbox"/> Other AMBR | <input type="checkbox"/> Other |
| | | | |
| <input type="checkbox"/> Manager | Name: JEFFREY LEVINE | <input type="checkbox"/> Manager | Name: |
| <input type="checkbox"/> Member | Address: 40600 ANN ARBOR ROAD E | <input type="checkbox"/> Member | Address: |
| <input type="checkbox"/> Authorized | SUITE 201, PLYMOUTH, MI 48170 | <input type="checkbox"/> Authorized | |
| Person | | Person | |
| <input checked="" type="checkbox"/> Other AMBR | <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.

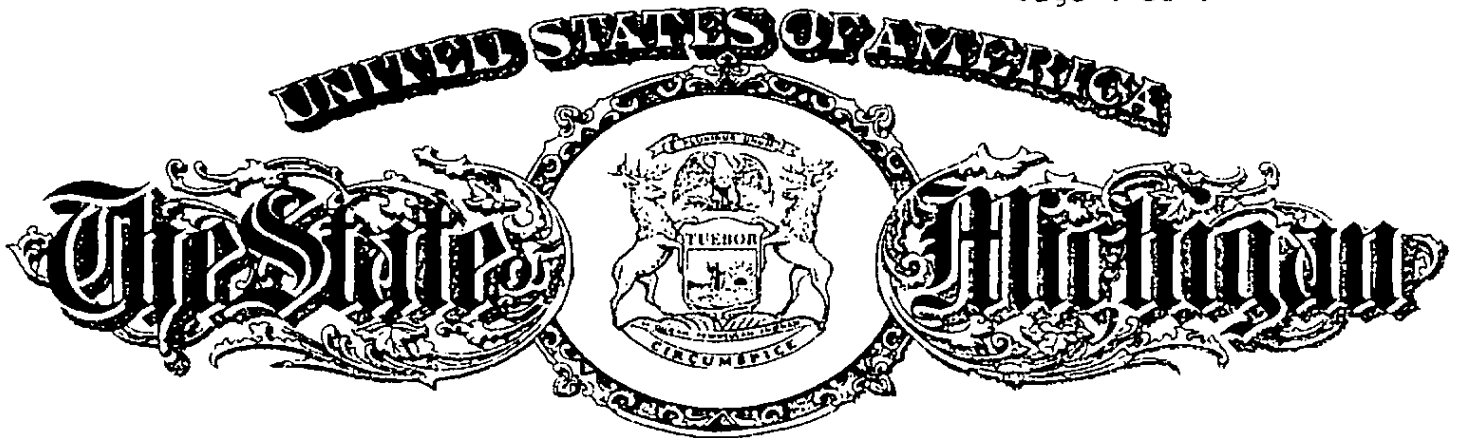
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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.

DocuSigned by:

Signature of authorized person

ADAM BECKER

Typed or printed name of signer



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

360 FIRE & FLOOD, LLC

was validly authorized on January 15, 2019, 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.



Sent by electronic transmission

Certificate Number: 24010032901

In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 3rd day of January, 2024.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau