

Florida Department of State

M24000002990

Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : API PROCESSING
Account Number : I20110200069
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

RECEIVED

2024 MAR -7 AM 11:01

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
Spirelli Electric LLC

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

2024 MAR -7 AM 8:08

FILED

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SPIRELLI 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. 13-4058903
(Jurisdiction under the law of which foreign limited liability company is organized) (Ref number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0604 & 605.0705, F.S. to determine penalty liability)

5. 3530 BUCKHORN STREET 5. 3530 BUCKHORN STREET
(Street Address of Principal Office) (Mailing Address)
SHRUB OAK, NY 10588 SHRUB OAK, NY 10588

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 B. O'Connell
(Registered agent's signature)

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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: JOSEPH A. SPIRELLI | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: 3530 BUCKHORN STREET | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | SHRUB OAK, NY 10588 | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input checked="" type="checkbox"/> Other AMBR | <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 _____ |
| <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) (c), 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.


JOSEPH A. SPIRELLI (MAR 8, 2024 10:02 EST)

Signature of an authorized person

JOSEPH A. SPIRELLI

Typed or printed name of signer

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: SPIRELLI ELECTRIC LLC
DOS ID Number: 2581704
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 12/07/2000

Statement Status: CURRENT
Statement Due Date: 12/31/2026

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 February 29, 2024 at 03:42 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Hughes

By Brandon C. Hughes
Executive Deputy Secretary of State

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