# M50005932

(Re	questor's Name)					
(Ad	dress)					
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(Cit	ly/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL MAIL				
(Business Entity Name)						
(Document Number)						
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SECRETARY OF STATE

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#### **COVER LETTER**

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TO:

	ration Section ' on of Corporations							
As SUBJECT:	ssault Deterrent, LLC	C						
Name of Limited Liability Company								
		gn Limited Liability Comp o register the above refere						
Please return all	correspondence con	cerning this matter to the	following:					
	Benjamin Alexan	der						
		Na	me of Person					
	Liberis Law Firm							
Firm/Company								
	212 W. Intendenc	ia St						
			Address					
	Pensacola, FL 325	502			Ā., <u>r</u>	<u> </u>		
	registeredagent@L	-	ate and Zip Code					
	F	E-mail address: (to be used	for future annual	report notification)	ં છેં∸< -			
For further infor	mation concerning t	his matter, please call:			T (1)			
Kaylar	n Walden		850 _ at (	438-9647		<del>ν</del>		
	Name of C	Contact Person	Area Code	Daytime Tel	ephone Num	ber		
Division Registr P.O. Be	ING ADDRESS: n of Corporations ation Section ox 6327 assee, FL 32314			Division of Corpo Registration Section Clifton Building 2661 Executive C Tallahassee, FL 33	rations on enter Circle			
		g amount:  ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy		0.00 Filing F us & Certific	Fee, Certificate ed Copy		

## 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:

Liability Company," "L.L.C,	Iternate name adopted for the purpose " or "LLC.")	of transacting business in Flori	da. The alternate nan	ne must include "Limited
2 Wyoming		3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability	3(FEI n	umber, if applicable)	)
4	(D. C.)			_
	(See sections 605.0904 & 605.0	s in Florida, if prior to registrati 1905, F.S. to determine penalty	ion.) liability)	
5. 5136 Choctaw Ave.				_
Pensacola, FL 32507				
	(Street Address of Pr	rincipal Office)		-
6. 212 W. Intendencia St.				_
Pensacola, FL 32502			<del></del>	•3
	(Mailing A	ddress)	- LEG	~015
7. Name and street addres	ss of Florida registered agent: (P.C	D. Box NOT acceptable)	AK AK	£ 71
Name:	Benjamin Alexander		TARY ASSE	2
Office Address:	212 W. Intendencia St.		m <sub>€</sub>	
	Pensacola	, Florid	ia 32502 (Zip cods)	ن <sup>خ</sup> <b>ر</b>
Registered agent's accep	(City)		(Zip co	_ വ - യ
Having been named as re this application, I hereby	gistered agent and to accept servi accept the appointment as registe statutes relative to the proper and	ered agent and agree to act i I complete performance of n	n this capacity. I j	further agree to comply
	(Register	red agent's signature)		-
8. The name, title or capa	acity and address of the person(s) v	who has/have authority to ma	ınage is/are:	
Bruce Baron - Manager				
9. Attached is a certificate	of existence, no more than 90 day of which it is organized. (If the cerubmitted)			

Typed or printed name of signee

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Benjamin Alexander

# STATE OF WYOMING Office of the Secretary of State

I, EDWARD F. MURRAY, III, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

### **Assault Deterrent, LLC**

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 13, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000682857**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 20th day of July, 2015 at 1:49 PM. This certificate is assigned 018194029.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.