

M16000010135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

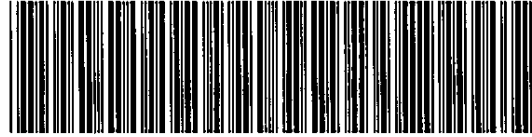
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/15/16--01012--011 \*\*125.00

DIVISION OF CORPORATIONS

16 DEC 15 PM 2:23

FILED

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DEC 1 0 2016

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Volunteer Protective Services, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Terry P. Bryan  
Name of Person

Volunteer Protective Services, LLC  
Firm/Company

3622 Boxwood Ln.  
Address

Sevierville, TN 37862  
City/State and Zip Code

tbryan@vpsguards.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terry P. Bryan at (865) 755-4938  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified 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:

1. Volunteer Protective Services, 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. Tennessee (Jurisdiction under the law of which foreign limited liability company is organized) 3. 81-2282463 (FEI number, if applicable)

4. January 2017 (projected)  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1306 High Hammock Dr. #201  
Tampa, FL 33619  
(Street Address of Principal Office)

6. 3622 Boxwood Ln.  
Sevierville, TN 37862  
(Mailing Address)

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

Name: Tim Clark  
Office Address: 1306 High Hammock Dr. #201  
Tampa, Florida 33619  
(City) (Zip code)

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16 DEC 15 PM 2:23  
DIVISION OF REVENUE

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.

[Signature]  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Terry P. Bryan, President/CEO; 3622 Boxwood Ln., Sevierville, TN 37862  
Tim Clark, Agent; 1306 High Hammock Dr. #201, Tampa, FL 33619

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)

[Signature]  
Signature of an authorized person

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.

Terry P. Bryan  
Typed or printed name of signee



**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**  
Division of Business Services  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**TERRY P. BRYAN**

December 7, 2016

*Ref.* FLORIDA DEPARTMENT OF STATE, DIVISION OF CORP  
FLORIDA DEPARTMENT OF STATE  
3622 BOXWOOD LN.  
SEVIERVILLE, TN 37862

**Request Type: Certificate of Existence/Authorization**  
Request #: 0222368

Issuance Date: 12/07/2016  
Copies Requested: 1

**Document Receipt**

Receipt #: 002996786 Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3690139554 \$20.00

**Regarding: Volunteer Protective Services, LLC**  
Filing Type: Limited Liability Company - Domestic Control #: 844722  
Formation/Qualification Date: 04/19/2016 Date Formed: 05/01/2016  
Status: Active Formation Locale: TENNESSEE  
Duration Term: Perpetual Inactive Date:  
Business County: SEVIER COUNTY

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**Volunteer Protective Services, LLC**

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.
- \* has indicated in its Articles of Organization (as amended if applicable) that it is a Series LLC.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 020242319



000844722

**ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY (ss-4270)**

Page 1 of 2



**Tre Hargett**  
Secretary of State

**Division of Business Services  
Department of State  
State of Tennessee**  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102  
(615) 741-2286  
Filing Fee: \$50.00 per member  
(minimum fee = \$300.00, maximum fee = \$3,000.00)

*For Office Use Only*  
**-FILED-**  
Control # 000844722

**The Articles of Organization presented herein are adopted in accordance with the provisions of the Tennessee Revised Limited Liability Company Act.**

**1. The name of the Limited Liability Company is:** Volunteer Protective Services, LLC

**(Note: Pursuant to the provisions of T.C.A. §48-249-106, each Limited Liability Company name must contain the words "Limited Liability Company" or the abbreviation "LLC" or "L.L.C.")**

**2. Name Consent: (Written Consent for Use of Indistinguishable Name)**

This entity name already exists in Tennessee and has received name consent from the existing entity.

**3. This company has the additional designation of:**

**4. The name and complete address of the Limited Liability Company's initial registered agent and office located in the state of Tennessee is:**

TERRY PAUL BRYAN  
3622 BOXWOOD LN  
SEVIERVILLE, TN 37862-8488  
SEVIER COUNTY

**5. Fiscal Year Close Month:** December

**6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:**

May 1, 2016 12:00AM (Not to exceed 90 days)

**7. The Limited Liability Company will be:**

Member Managed  Manager Managed  Director Managed

**8. Number of Members at the date of filing:** 1

**9. Period of Duration:** Perpetual

**10. The complete address of the Limited Liability Company's principal executive office is:**

3622 BOXWOOD LN  
SEVIERVILLE, TN 37862-8488  
SEVIER COUNTY

B0239-3453 04/19/2016 12:28 PM Received by Tennessee Secretary of State Tre Hargett



B0239-3454 04/19/2016 12:28 PM Received by Tennessee Secretary of State Tre Hargett

**ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY (ss-4270)**

Page 2 of 2



**Tre Hargett**  
Secretary of State

**Division of Business Services  
Department of State  
State of Tennessee**  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102  
(615) 741-2286  
Filing Fee: \$50.00 per member  
(minimum fee = \$300.00, maximum fee = \$3,000.00)

*For Office Use Only*  
**-FILED-**  
Control # 000844722

**The name of the Limited Liability Company is:** Volunteer Protective Services, LLC

**11. The complete mailing address of the entity (if different from the principal office) is:**  
3622 BOXWOOD LN  
SEVIERVILLE, TN 37862-8488

**12. Non-Profit LLC (required only if the Additional Designation of "Non-Profit LLC" is entered in section 3.)**  
 I certify that this entity is a Non-Profit LLC whose sole member is a nonprofit corporation, foreign or domestic, incorporated under or subject to the provisions of the Tennessee Nonprofit Corporation Act and who is exempt from franchise and excise tax as not-for-profit as defined in T.C.A. §67-4-2004. The business is disregarded as an entity for federal income tax purposes.

**13. Professional LLC (required only if the Additional Designation of "Professional LLC" is entered in section 3.)**  
 I certify that this PLLC has one or more qualified persons as members and no disqualified persons as members or holders.  
**Licensed Profession:**

**14. Series LLC (optional)**  
 I certify that this entity meets the requirements of T.C.A. §48-249-309(a) & (b)

**15. Obligated Member Entity (list of obligated members and signatures must be attached)**  
 This entity will be registered as an Obligated Member Entity (OME) Effective Date: (none)  
 I understand that by statute: THE EXECUTION AND FILING OF THIS DOCUMENT WILL CAUSE THE MEMBER(S) TO BE PERSONALLY LIABLE FOR THE DEBTS, OBLIGATIONS AND LIABILITIES OF THE LIMITED LIABILITY COMPANY TO THE SAME EXTENT AS A GENERAL PARTNER OF A GENERAL PARTNERSHIP. CONSULT YOUR ATTORNEY.

**16. This entity is prohibited from doing business in Tennessee:**  
 This entity, while being formed under Tennessee law, is prohibited from engaging in business in Tennessee.

**17. Other Provisions:**

Apr 19, 2016 12:28PM  
Signature Date

Electronic  
Signature

Owner  
Signer's Capacity (if other than individual capacity)

Terry P Bryan  
Name (printed or typed)



BK/PG: 4699/813-815

16019131



3 PGS : LIMITED LIABILITY COMPAN  
BATCH: 338147  
04/25/2016 - 12:44 PM  
VALUE 0.00  
MORTGAGE TAX 0.00  
TRANSFER TAX 0.00  
RECORDING FEE 5.00  
DP FEE 2.00  
REGISTER'S FEE 0.00  
TOTAL AMOUNT 7.00

STATE OF TENNESSEE, SEVIER COUNTY  
**CYNDI B LOVEDAY**  
REGISTER OF DEEDS

**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**  
Division of Business Services  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

Volunteer Protective Services, LLC  
3622 BOXWOOD LN  
SEVIERVILLE, TN 37862-8488

April 19, 2016

### Filing Acknowledgment

Please review the filing information below and notify our office immediately of any discrepancies.

<b>SOS Control # :</b>	<b>000844722</b>	Formation Locale:	TENNESSEE
Filing Type:	Limited Liability Company - Domestic	Date Formed:	05/01/2016
Filing Date:	04/19/2016 12:28 PM	Fiscal Year Close:	12
Delayed Effective Date:	05/01/2016 12:00 AM	Annual Report Due:	04/01/2017
Status:	Active	Image # :	B0239-3453
Duration Term:	Perpetual		
Managed By:	Director Managed		
Business County:	SEVIER COUNTY		

### Document Receipt

Receipt # : 002656898	Filing Fee:	\$300.00
Payment-Credit Card - State Payment Center - CC #: 3670470332		\$300.00

**Registered Agent Address:**  
TERRY PAUL BRYAN  
3622 BOXWOOD LN  
SEVIERVILLE, TN 37862-8488

**Principal Address:**  
3622 BOXWOOD LN  
SEVIERVILLE, TN 37862-8488

Congratulations on the successful filing of your **Articles of Organization for Volunteer Protective Services, LLC** in the State of Tennessee which is effective on the date shown above. You must also file this document in the office of the Register of Deeds in the county where the entity has its principal office if such principal office is in Tennessee. Please visit the Tennessee Department of Revenue website ([apps.tn.gov/bizreg](http://apps.tn.gov/bizreg)) to determine your online tax registration requirements. If you need to obtain a Certificate of Existence for this entity, you can request, pay for, and receive it from our website.

You must file an Annual Report with this office on or before the Annual Report Due Date noted above and maintain a Registered Office and Registered Agent. Failure to do so will subject the business to Administrative Dissolution/Revocation.

  
Tre Hargett  
Secretary of State