Division of Corporations

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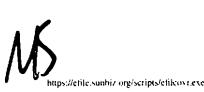
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FOREIGN PROFIT/NONPROFIT CORPORATION **BROWN SECURITY & LEO MANAGEMENT INC**

Certificate of Status	1
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BROWN SECURITY & LEO MANAGEMENT INC P23000004932 1130 ELIZABETH AVE. WEST PALM BEACH, FL 33401

04/02/2024

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Subject: Consent to Use Similar Name

We the undersigned, hereby authorize the use of the name, BROWN SECURITY & LEO MANAGEMENT INC, as the name of a filing entity for the purpose of submitting a filing instrument to the Secretary of State. The undersigned certifies to being the authorized by the holder of the existing name to give this consent.

Thank you,

/s/ Niyya Rice

Niyya Rice, Attorney-in-Fact

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If	N. Clarida anta alta anta anta anta anta anta ant		ing bestimate Florida
Georgia	able in Florida, enter alternate corporate name add		
/State or second	y under the law of which it is incorporated)	1221 mmh na 18	
5/2/2007			
	of incorporation) 5	(Date of duration, if othe	- dh
2024	or incorporation)	(Date of duration, if othe	r than perpetuar)
2024		1 11 10 11 11 11	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		ility)
1130 ELIZABET	H AVE. WEST PALM BEACH, FL 33401		
·	(Principal office	street address)	W.J.L.111172
908 S CARROI	L ROAD, SECOND FLOOR VILLA RICA.	GA 30180	
	. (Current mailing a	address, if different)	
			9 2
Name and stree	taddress of Florida registered agent: (P.O. I	Box NOT acceptable)	721
Name:	Corporate Creations Network Inc.		2024 APR
	801 US Highway 1	_	24 APR -2
ffice Address:		_	· <u>19</u>
	North Palm Beach	, Florida	PM 3: 01
	(City)	(Zip code)	- : o
Danietanad and	nt's acceptance:		- ; -
**	ed as registered agent and to accept service	of process for the above state	ed corporation at the p
	application, I hereby accept the appointmen	nt as registered agent and ag	ree to act in this capac
	omply with the provisions of all statutes rela with and accept the obligations of my positi		ete performance of my
rther agree to co		ion as registerea agent.	

^{10.} Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS									
□Chairman	Name: PAMELA BROWN	□ Chairman	Name:						
□Vice Chairman	Address: 908 S CARROLL ROAD	□Vice Chairman	Address:						
□Director	VILLA RICA, GA 30180	□Director							
□President		□President							
□Vice President		□Vice President							
Secretary	□Treasurer	□Secretary		Treasurer					
Other	Other	□Other		Other					
□ Chairman	Name:	□Chairman	Name:						
□Vice Chairman	Address:	□Vice Chairman	Address:	.					
□Director		□Director							
□President		□President							
□Vice President		□Vice President	******	·					
☐ Secretary	□Treasurer	☐ Secretary		Treasurer					
□Other	Other	Other		Other					
□ Chairman	Name:	□Chairman	Name:						
□Vice Chairman	Address:	□Vice Chairman	Address:						
Director		□Director							
□President		□President							
□Vice President		□Vice President							
Secretary	Treasurer	☐ Secretary		Treasurer					
□Other	□Other	□Other		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. PAMELA BROWN, by Niyya Rice, Attorney-in-Fact Signature of Director or Officer									

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

Control Number: 07037536

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

BROWN SECURITY & LEO MANAGEMENT INC

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number ... 27195009 Date Inc/Auth/Filed: 05/02/2007 Jurisdiction : Georgia Print Date : 04/02/2024

Form Number : 211



Brad Raffangerger

Brad Raffensperger Secretary of State