

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 3

LIMITED LIABILITY
COMPANY
REINSTATEMENT
2015-2016



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 SEP 30 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700290815627

DOCUMENT # L14000031086

1. Limited Liability Company's Name

SAFE CLOUD, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 1328 DEKALB AVENUE		3. Mailing Office Address 1328 DEKALB AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ATLANTA, GA		City & State ATLANTA, GA	
Zip 30307	Country USA	Zip 30307	Country USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida
02/24/2014

6. FEI Number

☐ Applied For
☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name C T CORPORATION SYSTEM		
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD		
Suite, Apt. #, Etc.		
City PLANTATION	State FL	Zip Code 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Jordan Brown, Assistant Secretary

Date 09/16/2016

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
	SEE ATTACHED.		

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 09/19/2016

Daytime Phone # 404-222-9998

Typed or printed name of signing Authorized Representative/Manager

David DeFrancis

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Safe Cloud, LLC

Authorized Representatives/Managers

David DeFrancis- Ceo/Manager
1169 Lullwater Rd.
Atlanta, GA 30306

Chris Bell- President/Manager
35 Forrest Lake Dr.
Atlanta, GA 30306

Mark Christensen- Manager
1073 Springdale Rd.
Atlanta, GA 30306

Robert Walden- Manager
629 Island Walk East
Mt. Pleasant, SC 29464

Bill Wilson- Authorized Rep
332 Tidal Circle
Mt. Pleasant, SC 29464

Jason Highsmith- Authorized Rep
154 Balfour
Daniel Island, SC 29492

Don Stovall- Authorized Rep
465 Creek Landing Street
Charleston, SC 29492

CT CORP SYSTEM C/O SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

9/30/2016

ACCT: I20160000072

gma

Name:	SAFE CLOUD LLC
Document #:	
Order #:	

Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination:	
			Number of Certs:	

Filing:	Certified:
	Plain: XX
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **377.50**

Thank you!

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