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| (Re                     | questor's Name)   | · · · · · · · · · · · · · · · · · · · |  |  |
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| (Cit                    | ry/State/Zip/Phon | e #)                                  |  |  |
| PICK-UP                 | WAIT              | MAIL                                  |  |  |
| (Bu                     | siness Entity Na  | me)                                   |  |  |
| (Document Number)       |                   |                                       |  |  |
| Certified Copies        | _ Certificate     | s of Status                           |  |  |
| Special Instructions to | Filing Officer:   |                                       |  |  |
|                         |                   |                                       |  |  |
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SECRETARY OF STATE

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T. BROWN

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#### COVER LETTER

| ro:               | Registration Section Division of Corporations   |                      |
|-------------------|---|----------------------|
|                   | ELLIOTT SECURITY SOLUTIONS, LLC.  |                      |
| SUBJI             | Name of Limited Liability Company   |                      |
| The en<br>Exister | nclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certience, and check are submitted to register the above referenced foreign limited liability company to transact business in   | ficate of<br>Florida |
| Please            | e return all correspondence concerning this matter to the following:  |                      |
|                   | DARRIN SHAWN ELLIOTT SR.  |                      |
|                   | Name of Person  |                      |
|                   | ELLIOTT SECURITY SOLUTIONS, LLC.  |                      |
|                   | Firm/Company  |                      |
|                   | 4650 GENERAL DEGAULLE DR. SUITE 215   |                      |
|                   | Address   |                      |
|                   | NEW ORLEANS, LA 70131   |                      |
|                   | City/State and Zip Code   |                      |
|                   | elliottsecuritysolutions@gmail.com  |                      |
|                   | E-mail address: (to be used for future annual report notification)  |                      |
| For fu            | urther information concerning this matter, please call:   |                      |
|                   | DARRIN ELLIOTT SR. 504 390-1749   |                      |
|                   | Name of Person Area Code & Daytime Telephone Number   |                      |
|                   | MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle<br>Tallahassee, FL 32301  |                      |
| Enclo             | osed is a check for the following amount:  \$\Bigsize \mathbb{\text{\$125.00 Filing Fee}} \subseteq \mathbb{\text{\$130.00 Filing Fee}} \mathbb{\text{\$\text{\$\$Ertificate of Status}}} \subseteq \mathbb{\text{\$\$Certified Copy}} \subseteq \mathbb{\text{\$\$\$I \text{\$\$160.00 Filing Fee}, Certified Copy}} \subseteq \mathbb{\text{\$\$\$\$\$Griffied Copy}} \subseteq \mathbb{\text{\$\$\$\$\$\$\$\$\$ of Status & Certified Copy}} |                      |



October 25, 2013

DARRIN SHAWN ELLIOTT SR ELLIOTT SECURITY SOLUTIONS LLC 4650 GENERAL DEGAULLE DR STE 215 NEW ORLEANS, LA 70131

SUBJECT: ELLIOTT SECURITY SOLUTIONS LLC

Ref. Number: W13000059502

We have received your document for ELLIOTT SECURITY SOLUTIONS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 313A00024985

Teresa Brown Regulatory Specialist II

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ELLIOTT SECURITY SOLUTIONS LLC

| ELLIOTT SECURITY SOLUTIONS 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")  |
| 2. <b>LA</b>   |
| 2. (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)   |
| 10/24/2011 5 Per per ua  |
| (Date of Organization) (Duration: Mear limited liability company will cease to exist or "perpetual")   |
| $\vec{A} \circ \vec{A} = \vec{A} \circ $ |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  |
| 7 000 SPAING CHEEK BLVD. AFT. 5502   |
| CRESTVIEW, FL 32536  |
| (Street Address at Principal Office)   |
| 3. If limited liability company is a manager-managed company, check here   |
| 9. The name and usual business addresses of the managing members or managers are as follows:   |
| DARRIN ELLIOTT 4650 GENERAL DEGAULLE DR. SUITE 215 NEW ORLEANS, LA 7013  |
| IAN KENNARD 4650 GENERAL DEGAULLE DR. SUITE 215 NEW ORLEANS, LA 70131  |
|  |
|  |
| 10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under cath of the translator must be submitted.)  |
| 11. Nature of business or purposes to be conducted or promoted in Florida:   |
| TO PROVIDE SECURITY (ARMED AND UNARMED SECURITY).  |
| ().90  |
| Signature of a member or an authorized representative of a member.   |

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

DARRÍN ELLIOTT SR.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

|   | of the Limited Liability Comp ECURITY SOLUTIONS LLC  | •  |   |
|---|--|--|---|
| If unavailable                                      | e, the alternate to be used in the   | e state of Florida is:   |   |
| 2. The name   | and the Florida street address   | of the registered agent and office are:  |   |
|   | DARRIN ELLIOTT SR.   |  |   |
|   |  | (Name)   | -   |
| •   | 800 SPRING CREEK BL  | _VD. APT. 5302   |   |
|   | Florida Street Add   | dress (P.O. Box NOT ACCEPTABLE)  | •   |
|   | CRESTVIEW  | <b>32536</b><br>FL   |   |
|   |  | City/State/Zip   | -   |
| liability comp<br>registered age<br>statutes relati | pany at the place designated in t<br>ent and agree to act in this capa<br>ing to the proper and complete p | to accept service of process for the above shis certificate, I hereby accept the appoint acity. I further agree to comply with the properformance of my duties, and I am familiastered agent as provided for in Chapter 60s (actually before the content of the conte | ment as<br>ovisions of all<br>ar with and |

\$ 100.00

\$ 25.00

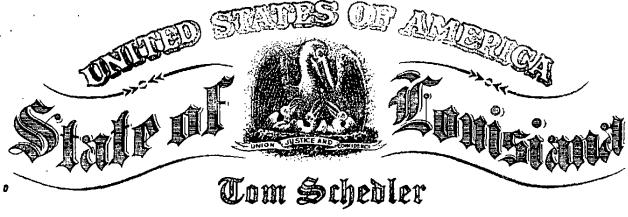
5.00

Filing Fee for Application

\$ 30.00 Certified Copy (optional)

**Designation of Registered Agent** 

Certificate of Status (optional)



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

#### **ELLIOTT SECURITY SOLUTIONS LLC**

A limited liability company domiciled in NEW ORLEANS, LOUISIANA,

Filed charter and qualified to do business in this State on October 24, 2011,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

Secretary of State

October 8, 2013

OF LOUIS TO STORY OF STEEL ON FIDENCY, THE TARY OF STEEL ON FIDENCY, THE

Certificate ID: 10425431#83C42

To validate this certificate, visit the following web site, go to Commercial Division, Certificate Validation, then follow the instructions displayed.

www.sos.louisiana.gov

Web 40649173K

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