

14 000602991

(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



900259122489

FILED
14 MAY - 1 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
14 MAY - 1 PM 1:53
DIVISION OF CORPORATIONS

J. Shivers MAY 02 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 115077 4320132

AUTHORIZATION :

COST LIMIT : \$ 155.00

Spencer

ORDER DATE : May 1, 2014

ORDER TIME : 11:43 AM

ORDER NO. : 115077-005

CUSTOMER NO: 4320132

FOREIGN FILINGS

NAME: AMERICAN TOTAL PROTECTION, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

FILED
14 MAY - 1 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT PERSON: Chasity Busbee -- EXT# 62974

EXAMINER: _____

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. American Total Protection, 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. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEL number, if applicable)

4. January 1, 2014

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

5. 760 North Drive, Melbourne, Florida 32934

(Street Address of Principal Office)

6. 760 North Drive, Melbourne, Florida 32934

(Mailing Address)

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

Paul Raucci, Manager, 4100 N. Ocean Drive, Unit 1801, Singer Island, FL 33404

Lawrence Coassin, Jr., Manager, 5 Westland Road, Hamden, CT 06517

Thomas Gibney, Manager, 445 Boston Post Road, Suite B, Orange, CT 06477-3509

8. 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 oath of the translator must be submitted)

Signature of an authorized person

(In accordance with section 605.0203, 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.)

Paul Raucci, Manager

Typed or printed name of signee

FILED
14 MAY - 1 AM 9:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

American Total Protection, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Paul Raucci

(Name)

4100 N. Ocean Drive, Unit 1801

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Singer Island

FL 33404

City/State/Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAY - 1 AM 9:00

FILED

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

By

Paul Raucci

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICAN TOTAL PROTECTION, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERICAN TOTAL PROTECTION, LLC" WAS FORMED ON THE TWELFTH DAY OF NOVEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

FILED
14 MAY - 1 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4897073 8300

140546039

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1336155

DATE: 05-01-14