Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number: I20080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: rtbwings@aol.com

Foreign Limited Liability Company Safety4Clubs, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

K. SALY EXAMINER

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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

Safety4Clubs, LLC	O TRANSACT BUSINESS IN THE STATE OF FLORIDA:
	pany; must include "Limited Liability Company," "L.L.C.," or "Ll.C.")
(If name unavailable, enter alternate name adopted for Liability Company, ""L.L.C." or "LLC.")	the purpose of transacting business in Florida. The alternate name must include "Limited
_{2.} Delaware	_{3.} 47-1132835
(Jurisdiction under the law of which foreign limited company is organized)	liability (FEI number, if applicable)
4	. <u>.</u>
(Date first transa (See sections 603.0) 5. 3752 Cape Pointe Circle	acted business in Plarida, if prior to registration.) 904 & 605.0905, F.S. to determine penalty liability)
Jupiter, FL 33477	TO C
6. 3752 Cape Pointe Circle	(Street Address of Principal Office)
Jupiter, FL 33477	020
	ss of the person(s) who has/have authority to manage is/are: 752 Cape Pointe Circle Jupiter, FL 33477
having custody of records in the jurisdicti	distance, no more than 90 days old, duly authenticated by the official ion under the law of which it is organized. (A photocopy is not a language, a translation of the certificate under oath of the translator
(In accordance with section 605,0203, F.S., the execution of t	gnature of an authorized person his document constitutes an affirmation unter the penalties of perjury that the facts stated herein are true to the Department of State constitutes a find degree fellony as provided for m s 817 155, F.S.)
Robert Bertr	and
Typ	ed or printed name of signee

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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:

Safety4	Clubs, LLC	;	•	A PARTY OF THE PAR
If unavailabl	e, the alternate to be	used in the	state of Florida is:	ML 10 P
2. The name	and the Florida stre	et address o	f the registered agent and office are:	FSTAT
	Robert B	ertrand		
			(Name)	_
	3752 Cap	oe Poin	te Circle	
	Flor	ida Street Addi	ress (P.O. Box NOT ACCEPTABLE)	_ -
	Jupiter		33477	
			City/State/Zip	
liability comp registered ag statutes relat	pany at the place des yent and agree to act ing to the proper an	signated in th in this capa d complete p	o accept service of process for the above his certificate, I hereby accept the appointive. I further agree to comply with the verformance of my duties, and I um familiared agent as provided for in Chapter of the complex of the comp	intment as provisions of al lliar with and
		\$ 100.00	Filing Fee for Application	
		\$ 25.00 \$ 30.00	Designation of Registered Agent Certified Copy (optional)	
		\$ 5.00	Certificate of Status (optional)	

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SAFETY4CLUBS, 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 NINTH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAFETY4CLUBS, LLC" WAS FORMED ON THE SIXTEENTH DAY OF JUNE, A.D. 2014.

5551970 8300

140935377

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

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 1520931

DATE: 07-09-14

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