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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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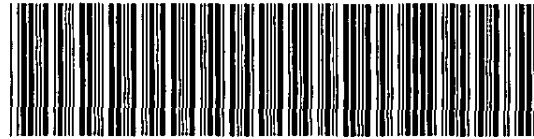
(Business Entity Name)

(Document Number)

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**CT Corporation System**

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

**HARVARD PROTECTION SERVICES, LLC**


☐ Nonprofit  
☐ Domestic Corporation

☐ Limited Partnership  
☒ LLC  
Qualification

☒ Certified Copy  
Qualification

☒ Walk In  
☐ Mail Out

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☐ Amendment  
☐ Dissolution/Withdrawal  
☐ Reinstatement  
☐ Annual Report

☐ Name Registration  
☐ Fictitious Name  
☐ Photocopies

☐ Will Wait

☐ Merger

☐ Mark

☐ Other

☐ UCC

☐ CUS

☐ After 4:30

☒ Pick Up

Order#:  
**9227872**

Ref#:

Amount: \$

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515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

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Document

Examiner \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

7/31/2014

KM

Order#:

**9227872**

Ref#:

Amount: \$

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. HARVARD PROTECTION SERVICES, 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. NEW YORK

3. 13-4127048

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

(FEI number, if applicable)

4. upon registration

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

5. One Biscayne Tower, Suite 3850, Two South Biscayne Boulevard

Miami, FL 33131

(Street Address of Principal Office)

6. One Biscayne Tower, Suite 3850, Two South Biscayne Boulevard

Miami, FL 33131

(Mailing Address)

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

Stanley K. Doobin, Manager

One Biscayne Tower, Suite 3850, Two South Biscayne Boulevard

Miami, FL 33131

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.817.135, F.S.)

Stanley K. Doobin, Manager

Typed or printed name of signee

14 JUL 31 09 08:57

**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:  
**HARVARD PROTECTION SERVICES, 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:

**United Corporate Services, Inc.**

(Name)

**9200 South Dadeland Blvd.- Suite 508**

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

**Miami**

**FL 33156**

City/State/Zip

*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.*



(Signature)

**MICHAEL A. BARR - PRESIDENT**

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

SECRETARY OF STATE  
14 JUL 31 AM 8:57

State of New York  
Department of State } ss:

I hereby certify, that HARVARD PROTECTION SERVICES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/11/2000, and that the Limited Liability Company is existing so far as shown by the records of the Department.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 30th day of July  
two thousand and fourteen.*

*Anthony Giardina*

Anthony Giardina  
Executive Deputy Secretary of State

14 JUL 31 AM 8:57  
DEPT. OF STATE