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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (850) 222-1092 Fax Number : (850)B78-5368

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

Email Address:

Foreign Limited Liability Company Universal Thrive Technologies, LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$125.00

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Universal Thrive Technologies, LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Debbie Wiggins Name of Person
Universal Protection Services
2122 Hickory Creek
Kingwood, TX 773B9 City/State and Zip Code clebble. Wiggins @ Universal pro. Com Brazil address: (to be used for future anneal report notification)
For further information concerning this matter, please call:
Debote Wiggins et 281, 348-2197 Name of Countried Porson Area Code Degrinos Todopheras Number MAILING ADDRESS: STREET ADDRESS:
Division of Corporations Registration Section P.O. Box 6327 Tailahassoo, FL 32314 Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tailahassoo, FL 32301
Briclosed is a check for the following amount: \$\int \frac{1}{2}\$125.00 Filing Fee \$\int \text{Certificate of Status}\$ \$\int \frac{1}{2}\$125.00 Filing Fee & Certified Copy \$\int \frac{1}{2}\$155.00 Filing Fee & Certified Copy \$\int \frac{1}{2}\$160.00 Filing Fee, Certified Copy

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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Universal Thrive Technologies, LLC
(Name of Foreign Limited Liability Company; mast Include Limited Liability Company, "L.L.C., or "LLC.")
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florids. The diamete name must include "Limited Liability Company," "LL.C," or "LLC.")
2 Delaware 3.
2. LOCIQUE 3. (Jurisdiction under the law of which foreign limited liability (FBI number, if applicable) company is organized)
(Dote first transacted business in Florida, if prior to registration.) (See sections 603.0904 & 603.0905, F.S. to determine penalty liability)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 701 Presidential Dir.
Richardson, TX 75801
(Street Address of Principal Office)
s. Same as above.
(Malling Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Steven S. Jones - CEO+Scenetary · Eric Hinderlifer - General Mongar
Brian K. Cescolini - Executive Charman
TY Richmond - President
3. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official naving 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 603,0203, P.S., the execution of this document constitutes an effirmation under the parallels of perjury that the facts stated herein are trus. I on aware that any false telephonesis submitted in a document to the Department of State constitutes a third degree follows as provided for in \$817.155, F.S.)
Steve Jones
Typed or printed name of signee
ARE TO AHA
No. 1
S C

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.

The name of the Limited Liability Company is: Universal Thrive Technologies, LLC						
lf unavailab	le, the alternate to be used	in the state of Florida is:				
2. The name	e and the Florida street add	dress of the registered agent and office a	re:			
	C T Corporation System					
		(Name)				
	1200 South Pine Island Road		LLAH/			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		SVH NVE			
	Plantation	FL 33324	SEC.			
		City/State/Zip				
			. 59			
registered a statutes rela	ipany at the place designate gent and agree to act in thi iting to the proper and com	I and to accept service of process for the ed in this certificate, I hereby accept the as capacity. I further agree to comply with plete performance of my duties, and I am a registered agent as provided for in Cha	appoiniment as h the provisions of all familiar with and			
	C T Corporation Syste By:	(Signature)	e Kriina			
	S 2	10.00 Filing Fee for Application 25.00 Designation of Registered Ages 30.00 Certified Copy (optional)	nt			

\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO REREBY CERTIFY "UNIVERSAL TERIVE TECHNOLOGIES, 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 DECEMBER, A.D. 2014.

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

DATE: 12-09-14