

M150000 03901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

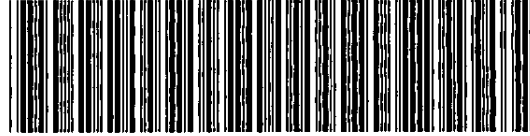
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
15 MAY 13 AM 7:52  
SECRETARY OF STATE  
HALLMARK BUILDING

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Securus Consulting, 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:

**James C. Huber**

Name of Person

**Global Legal Resources, LLP**

Firm/Company

**5411 Avenida Encinas, Suite 280**

Address

**Carlsbad, CA 92008**

City/State and Zip Code

**jhuber@glrlegal.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**James C. Huber**

Name of Contact Person

at ( **888** )

Area Code

**846-8901**

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**Oregon**

SECRETARY OF STATE  
CORPORATION DIVISION  
PUBLIC SERVICE BUILDING  
255 CAPITOL ST., NE STE 151  
SALEM, OR 97310-1327  
(503) 986-2200  
Fax (503) 378-4381

## Order Receipt

Order Date	Order #
4/16/2015	461093

User ID
DH

Terms
Pre-Paid

JAMES HUBER

5411 AVENIDA ENCINAS STE 280

CARLSBAD CA 92008

QUANTITY	DESCRIPTION	BUSINESS NAME	PRICE	AMOUNT
1	Certificate of Existence	SECURUS CONSULTING, LLC		\$10.00

<b>TOTAL ORDER:</b>	<b>\$10.00</b>
<b>PAID ON ACCOUNT:</b>	<b>\$10.00</b>
<b>TOTAL AMOUNT DUE:</b>	<b>\$0.00</b>

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

## Certificate of Existence 518M532J8

I, ROBERT TAYLOR, DEPUTY SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

SECURUS CONSULTING, LLC

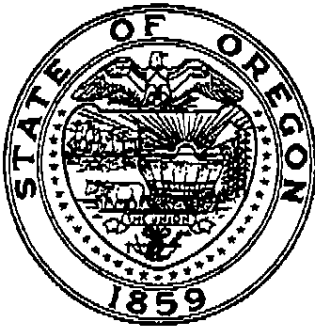
is

Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.



A handwritten signature in black ink, appearing to be "RT", written over a horizontal line.

ROBERT TAYLOR, DEPUTY SECRETARY OF STATE

4/29/2015

FILED  
15 MAY 13 AM 7:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. **Securus Consulting, 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. **Oregon**

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. \_\_\_\_\_

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

5. **4050 Westgate Avenue, Suite 107**

**West Palm Beach, FL 33409**

(Street Address of Principal Office)

6. **7724 SE Aspen Summit Drive, Suite 300**

**Portland, OR 97266**

(Mailing Address)

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

**Mike Robirds, President**

**Steven Lemmas, CEO**

**4050 Westgate Ave., Ste. 107**

**7724 SE Aspen Summit Dr., Ste. 300**

**West Palm Beach, FL 33409**

**Portland, OR 97266**

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.)

**Mike Robirds**

Typed or printed name of signee

**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:

**Securus Consulting, LLC**

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

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

**Mike Robirds**

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(Name)

**4050 Westgate Avenue, Suite 107**

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

**West Palm Beach**

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**FL 33409**

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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)

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