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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Kellington Protection 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:
Kathleen Bowman
Name of Person
Kellington Protection, LLC. Firm/Company
1100 Washington Ave Suite 203
Carnegie PA 15106 City/State and Zip Code
Khowman O Kellington protection Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kathleen Bowman at (412) 339-0010 Name of Contact Person Area Code 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: \$\Begin{align*} \Begin{align*} \Pi &

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

IN COMPLANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS INTHE STATE OF FLORIDA:
Kellington Protection LLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name anavailable, 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 Pennsulvania 3. 47-2179486
(Jurisdiction ander the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. UPON YEA ISTTATION (Date first transacted business in Florida, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability)
O I I I I I I I I I I I I I I I I I I I
Carwegie PH 15106 (Street Address of Principal Office)
6. 1100 Washington Ave Ste 203
Carnegie PA 15106
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: IN CORP Services, Inc.
12000 CATA C + 11 +1-
Loxahatchee , Florida 33470 (Zip code)
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in
this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept
the obligations of my position as registered agent
Jacker Huppen on behalf of Incorpsorvices, Inc
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Auron Kellington, President
1100 Washington Ave Ste 203 Carnegie PA 15106
9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
Clavor to Con
Signature of an authorized person
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.
Angra Kelling Ton)

Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

JUNE 17, 2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

KELLINGTON PROTECTION, LLC.

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Pedro a. Contés