

M15000009264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

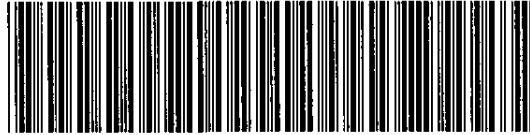
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
JAE AHASSETT, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 26, 2015

CHAD KING  
7406 NW 21ST WAY  
GAINESVILLE, FL 32653

SUBJECT: SECURELIFE SECURITY LLC  
Ref. Number: W15000058577

We have received your document for SECURELIFE SECURITY LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 415A00018711

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SecureLife Security 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:

Chad King  
Name of Person

SecureLife Security LLC  
Firm/Company

7406 NW 21st Way  
Address

Gainesville FL 32653  
City/State and Zip Code

Chad.securelife@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Betty Addison at (352) 331-1620  
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:

☐ \$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

**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. Secure Life Security 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. Ohio  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-3141270  
(FEI number, if applicable)

4. August 15, 2015  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7406 NW 21st Way  
Gainesville FL 32653  
(Street Address of Principal Office)

6. 7406 NW 21st Way  
Gainesville FL 32653  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Betty Addison  
Office Address: 519 NW 60th St Apt  
Gainesville FL, Florida 32607  
(City) (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.

Betty Addison  
(Registered agent's signature)

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

Chad Michael King, Managing Member  
7406 NW 21st Way  
Gainesville FL 32653

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)

[Signature]  
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.

Chad Michael King  
Typed or printed name of signee

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NOV 17 AM 9:38  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ~~SECURELIFE SECURITY LLC, an Ohio For Profit Limited Liability Company,~~ Registration Number 2362146, was organized within the State of Ohio on January 27, 2015, is currently in FULL FORCE AND EFFECT upon the records of this office.*



Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 28th day of August, A.D. 2015

*Jon Husted*

Ohio Secretary of State

Validation Number: 201524001714

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA