M5000/0000

(Pa	equestor's Name)	
	· · · · · · · · · · · · · · · · · · ·	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	isiness Entity Nai	me)
(50	iomood Emary man	
(Do	ocument Number)	}
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	g	
W15-771	183	
WIJ-1 "	· •	
		:

Office Use Only

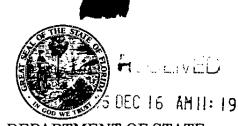


000279418220

11/24/15--01028--016 **125.00

SECRETARY OF STATE.

DEC 16 2015 DEC 16 2015



FLORIDA DEPARTMENT OF STATE ATE Division of Corporations

December 9, 2015

CHRISTINA GIBSON 1710 CORPORATE CROSSING STE 1 OFALLON, IL 62269

SUBJECT: PARAMOUNT PROTECTION SERVICES, LLC / SAFEGUARD

SERVICES, LLC

Ref. Number: W15000077183

We have received your document for PARAMOUNT PROTECTION SERVICES, LLC / SAFEGUARD SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The alternate name that you have chosen is not available. Please select a name.

The document number of the name conflict is 387339.

Please return your document, along with a copy of this letter, within days or your filing will be considered abandoned.

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

Deborah Bruce Regulatory Specialist II

Letter Number: 115A00025790

COVER LETTER

TO:	Registration Section Division of Corporations	S						
SUBJE	Paramount Protection	n Services, LLC						
SODSE		Name of	Limited Liability (Company			•	
	closed "Application by Fore ce, and check are submitted							
Please	return all correspondence co	oncerning this matter to the	following:					
	Christina Gibsor	1						
		, N	lame of Person				-	
	Paramount Protection Services, LLC							
	<u> </u>	F	irm/Company				•	
	1710 Corporate Crossing Ste 1							
			Address				•	
	OFallon IL 6220	69			,			
		City/S	State and Zip Code			SE	2015	
	cgibson@marathongroup.com							
For fur	her information concerning	E-mail address: (to be use this matter, please call:	d for future annual	report not	ification)	ASS	2	
	Christina Gibson		800 at (205-898	88	JF STA	ס ?:	Ö
	Name of	Contact Person	Area Code	Day	time Telephone	Nightber	61	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registrati Clifton B	ADDRESS: of Corporations ion Section uilding cutive Center C ee, FL 32301			
Enclose	ed is a check for the followin \$125.00 Filing Fee	ng amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Fi of Status & C			ate



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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Paramount Protection S	Services, LLC	
Nume of Foo	ign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," o	r"LLC:")
-1+0700	ne sovice lle	
Liability Company," "L.L.C,		me must include "Limited
2. Illinois	of which foreign limited liability 3. N/A (FEI number, if applicable	
(Jurisdiction under the law company is organized)	of which foreign limited liability (FEI number, if applicable	÷)
4. N/A		
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	_
5. 1710 Corporate Crossi	ngs Ste 1 OFallon IL 62269	
<u> </u>		_
	(Street Address of Principal Office)	-
2 1710 Corporate Crossia	ng Ste 1 OFallon IL 62269	Fig 2
0		285 SEC:
	(Mailing Address)	DEC 15 FAHASSEE
		EC 15 F WE TARY OF WHASSEE.
7. Name and street addres	of Florida registered agent: (P.O. Box NOT acceptable)	
Name:	National Corporate Research, Ltd., In C.	
Office Address:	115 North Calhoun Street, Suite 4	25 2
	Tallahassee n 32301	
	(City) , Florida 32301 (Zip code)	-
Registered agent's accep	tance:	
	gistered agent and to accept service of process for the above stated limited lial tion, I hereby accept the appointment as registered agent and agree to act in ti	
accept the obligations of t	my position porregistered agent.	
	carring & money, of of were	-
	ons of all statutes relative to the proper and complete performance of my dutient possition possegistered agent. (Registered agent's fignature)	
8. The name, title or caps	acity and address of the person(s) who has/have authority to manage is/are:	
Adam Timmermann 1710	Corporate Crossing Ste 1 OFallon IL 62269 Member	·
Christina Gibson 1710 C	orporate Crossing Ste 1 OFallon IL 62269 Member	
		
		
9. Attached is a certificate	of existence, no more than 90 days old, duly authenticated by the official having	custody of records in the
of the translator must be si	of which it is organized. (If the certificate is in a foreign language, a translation of	of the certificate under oath
The state of the s	Midiral (Olas)	i
	Signature of an authorized person	_
This document is executor	l in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that ar	me fales information
submitted in a document to	the Department of State constitutes a third degree felony as provided for in s.81	7.155, F.S.

Typed or printed name of signee

Christina Gibson

File Number

0547384-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

PARAMOUNT PROTECTION SERVICES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 20, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH day of NOVEMBER A.D. 2015 .

Authentication #: 1532402420 verifiable until 11/20/2016 Authenticate at: http://www.cyberdriveitlinois.com Desse White

SECRETARY OF STATE