

MI6000000233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

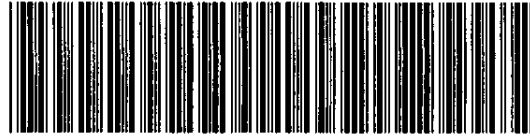
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Sign / cert. WIS-78216

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2016 JAN - 8 P 4: 29  
SECRETARY OF STATE  
-ALLAHASSET, FLORIDA

FILED

JAN 11 2016

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 3, 2015

EDWIN MORELLI  
1425 MT. READ BOULEVARD #230  
ROCHESTER, NY 14606

SUBJECT: SAFETY REACTION TEAM, LLC  
Ref. Number: W15000078216

We have received your document for SAFETY REACTION TEAM, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 915A00025343

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SAFETY REACTION TEAM, 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:

EDWIN MORELLI  
Name of Person

SAFETY REACTION TEAM, LLC  
Firm/Company

1425 MT. READ BLVD #230  
Address

ROCHESTER, NEW YORK 14606  
City/State and Zip Code

EMORELLI@SAFETYRT.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWIN MORELLI at ( 585 ) 957-2080  
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. SAFETY REACTION TEAM, 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. NEW YORK STATE  
(Jurisdiction under the law of which foreign limited liability  
company is organized)

3. 471779714  
(FBI 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. 5171 DEWEY AVE, ROCHESTER, NY 14612  
(Street Address of Principal Office)

6. SAME AS ABOVE  
(Mailing Address)

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

Name: Angel L. Guadalupe Jr.  
Office Address: 12276 Country White Cr.  
Tampa, Florida 33635  
(City) (Zip code)

Registered agent's acceptance:

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 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.

Angel L. Guadalupe Jr.  
(Registered agent's signature)

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

ANGEL L. GUADALUPE, Branch Manager, 12276 COUNTRY WHITE CR, TAMPA 33635  
EDWIN MORELLI (Co-owner) 1425 MT. ROAD AVE #230 ROCHESTER, NY 14606  
FRANK GUZMAN (Co-owner) 1425 MT. ROAD AVE #230 ROCHESTER, NY 14606

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)

Edwin Morelli  
Signature of an authorized person

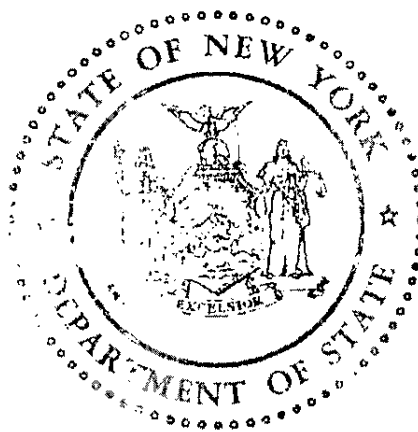
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information  
submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

EDWIN MORELLI  
Typed or printed name of signer

FILED  
2016 JAN - 8 P 4:28  
SECRETARY OF STATE  
CLERK OF COURTS  
CLERK OF DISTRICT COURT

**State of New York**  
**Department of State** } ss:

I hereby certify, that SAFETY REACTION TEAM, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/05/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 28th day of December two  
thousand and fifteen.*

*Anthony Giardina*

*Executive Deputy Secretary of State*