(Req	uestor's Name)			
(Addi	ress)			
(Add	ress)			
(City)	/State/Zip/Phone #	f)		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Name)		
(Document Number)				
Certified Copies	Certificates o	of Status		
Special Instructions to Filing Officer:				
2821 W/6	40840	180		

Office Use Only



800289354458

08/31/16--01022--021 **78.75

09/13/16--01038--001 **46.25

OCT 1 7 2016

S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 13, 2016

KEVIN JOHNSON 185 EAST INDIANTOWN ROAD STE 117 JUPITER, FL 33477

SUBJECT: ACTIVE SHOOTER RESPONSE LLC

Ref. Number: W16000060840



We have received your document for ACTIVE SHOOTER RESPONSE 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):

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 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 Supervisor
Registration/Qualification Section

Letter Number: 716A00019444

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:

ACTIVE SHOOTER R	ESPONSE LLC			
(Name of Fore	eign Limited Liability Company;	must include "Limited Lia	bility Company," "L.L.C.," or "LLC	<u>")</u>
ASR LLC				
(If name unavailable, enter al Liability Company," "L.L.C,"		pose of transacting busines	ss in Florida. The alternate name mu	st include "Limited
2. DE		3 81-3167360		
(Jurisdiction under the law company is organized)	of which foreign limited liability	J	(FEI number, if applicable)	
4. N/A				
	(Date first transacted bus (See sections 605.0904 & 6	siness in Florida, if prior to	registration.) e penalty liability)	
5. c/o Vortex Security	,		- p,	
J				- Egg
185 East Indiantown R	oad, Suite 117, Jupiter, Florid			5
		of Principal Office)		
6. c/o Vortex Security,18:	5 East Indiantown Road, Suite	: 117 		AUG 31
Jupiter, Florida 33477				
	(Mailio	ng Address)		
7 Nome and street address	s of Florida registered agent:	(P.O. Pov. NOT gages	tobla)	MII:51
7. Name and street addies	• -	_	aoic)	<u>5</u>
Name:	BUSINESS FILINGS INCO	JRPORATED	_	, and the second
Office Address:	1200 SOUTH PINE ISLAN		_	
	PLANTATION		, Florida 33324 (Zip code)	
	(City))	(Zip code)	
Registered agent's accep				
			se above stated limited liability c agent and agree to act in this cap	
			e performance of my duties, and	
accept the obligations of	my position as registered agei	nt.	- · ·	
	Brien L. Klash -	Asst. Secretary	For Business Filing	s Incorporated
	(Re	gistered agent's signature)	0	,
8. The name title or cans	acity and address of the person	n(s) who has/have autho	rity to manage is/are:	
	Lighthouse Dr. Jupiter Inlet (ing to manage is are.	
	Eightheast Eit, supries miss			
Christopher Tango, Memi	ber, 2673 S.W. Gallery Circle,	, Palm City, FL 34990		
			cated by the official having custo gn language, a translation of the	
of the translator must be s	abmitted)	-		certificate under oatif
	0//	ture of an authorized perso		
	Cionat	turn of on authorized name		
	Signar	ure or an aumorzeu perso)) 	
This document is executed submitted in a document to	in accordance with section 60	05.0203 (1) (b), Florida	Statutes. I am aware that any fals	e information
submitted in a document to	o the Department of State cons	Tanan	ony as provided for in s.817.155,	, 1 .0.
	Chris	INNAN		

Typed or printed name of signee



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ACTIVE SHOOTER RESPONSE LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FOURTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACTIVE SHOOTER RESPONSE LLC" WAS FORMED ON THE FIFTH DAY OF JULY, A.D. 2016.

SECRETARY OF STATE TALL AHLASSEE, FLORED



Authentication: 203101003

Date: 10-04-16