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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED
2017 APR 18 PM 4:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

M. MILLIGAN

APR 19 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Maps Security, LLC
~~Moore Asset Protection Systems~~
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:

Stan Moore
Name of Person .

~~Moore Asset Protection Systems~~
Firm/Company

311 Guthrie St
Address

Louisville, KY 40202
City/State and Zip Code

info@mooreaps.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Piasta at (502) 434-7758
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

Jessica ^{cell} 502-609-0274 - jessica.piasta@mooreaps.com



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2017

STAN A MOORE
311 GUTHRIE ST
LOUISVILLE, KY 40202

SUBJECT: MOORE ASSET PROTECTION SYSTEMS, LLC
Ref. Number: W16000085633

We have received your document for MOORE ASSET PROTECTION SYSTEMS, 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 registered agent must sign accepting the designation.

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.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Michelle Milligan
Senior Section Administrator

Letter Number: 617A00002296

2017 APR 18 PM 5:15
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 23, 2016

STAN A MOORE
311 GUTHRIE ST
LOUISVILLE, KY 40202

SUBJECT: MOORE ASSET PROTECTION SYSTEMS, LLC
Ref. Number: W16000085633

We have received your document for MOORE ASSET PROTECTION SYSTEMS, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted forms for a foreign corporation, but it appears that your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please do not include any reference to the "dba" name in your document. Once qualified, you may file a fictitious name registration which will allow the entity to transact business as a different name.

The fee to file the application by foreign limited liability company is \$125.00. Therefore there is a balance due of \$55.00.

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.

Michelle Milligan
Senior Section Administrator

Letter Number: 216A00027340

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. MAPS Security, LLC
(Name of Foreign Limited Liability Company)

(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. Kentucky
(Jurisdiction under the law of which foreign limited liability
company is organized)

3. 204456687
(FEI 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. 311 Guthrie St
Louisville, KY 40202
(Street Address of Principal Office)

6. Same as
(Mailing Address)

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

Name: Angela Tingle

Office Address: 13354 Gardia St
Spring Hill, FL 34609, Florida 34609
(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.

Angela Tingle
(Registered agent's signature)

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

Jessica Piasta, Managing Director, 311 Guthrie St, Louisville, KY 40202

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.)

Stan A. Moore
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.

Stan A. Moore
Typed or printed name of signee

FILED
2012 APR 18 PM 4:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 186752

Visit <https://app.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

MAPS SECURITY, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is January 1, 2017 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 2nd day of March, 2017, in the 225th year of the Commonwealth.



Alison Lundergan Grimes

Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
186752/0971376

FILED
2017 APR 18 PM 4:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA