# M17000006429

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SECRETARY OF STATE

### COVER LETTER

.

TO:		ation Section i of Corporation	s				
SUBJE		urt Security Partn	ers LLC				
SUDJE			Name of I	Limited Liability (	Company		
The enc Existence	losed "A <sub>l</sub> ee, and ch	oplication by Forencek are submitted	eign Limited Liability Comp I to register the above refere	any for Authoriza nced foreign limit	tion to Tra ed liability	nnsact Business in Florida," ( y company to transact busine	Certificate of ess in Florida.
Please re	eturn all :	correspondence c	oncerning this matter to the	following:			
		Diane Hall					
			Na	ime of Person			
		Kourt Security 1	Partners LLC				
		Name of Person  Keurt Security Partners LLC  Firm/Company  PO Box 1707  Address  Lancaster, PA 17608  City/State and Zip Code hall@selectsecurity.com  E-mail address: (to be used for future annual report notification) ation concerning this matter, please call:					
	PO Box 1707						
	Address						
	Lancaster, PA 17608						
	1	dhall@selectsecu	rity.com				
	_						
For furth	ner inform	nation concerning	this matter, please call:				
	Diane I	fall		717	481-63	04	
		Name of	Contact Person	Area Code	Day	time Telephone Number	
	Division Registra P.O. Bo	NG ADDRESS: of Corporations tion Section x 6327 (see, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding coutive Center Circle ee, FL 32301	
Enclosed		ck for the followi 00 Filing Fee	ng amount:  \$\Begin{align*} \begin{align*} \text{S130.00 Filing Fee & \\ \text{Certificate of Status} \end{align*}	☐ \$155.00 Filin Certified Copy	g Fee &	S160.00 Filing Fee, Cer of Status & Certified Copy	

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign L	imited Liability Company, must include "Limite	ed Liability Con	npany," "L.L.C.," or "LLC."	)	
(If name unavailable, enter alternate nar	ne adopted for the purpose of transacting business in Flo	onda. The alternate	e name must include "Limited Lia	ability Company," "L.I.C," or "LIC	.,
2. Pennsylvania		3. 543	2089918		
(Jurisdiction under the law of who	ch foreign limited liability company is organized)	••• —	(FEI mun	ber, if applicable)	
4. 8/1/17					
	(Date first fransacted business in Florida, if prior to (See sections 605 0904 & 605 0905, P.S. to determ	registration) nine penalty habilit	y)		
5. 241 N Plum Street		6. <u>PO</u>	Box 1707		
(Sueet Address of Pri	ncipal Office)	1 an	(Mailing Add caster PA 17608	lress)	
isaneascri // 1//02	<del></del>	1,	edster 171 17000	<b>—</b>	
				A SEC	
7. Name and street address	of Florida registered agent: (P.O. Box	x <u>NOT</u> acce <sub>l</sub>	otable)	SELY WHY WHY	<u> </u>
Name:	Patrick M Egan		<del></del> -	νς ΣΕΕ 25	
Office Address:	4700 Lantana Lane			다. FE S	i) Lij
•	Destin		, Florida <u>32541</u> (Zip cos		
Registered agent's accept:	(City)		(Zip coc	<u>P</u>	
	(Registered agent's	as/have autho	-	<del></del>	
Title or Capacity:	Name and Address:	Title o	r Capacity:	Name and Address:	
CEO	Patrick M Egan  241 N Plum Street				
	Lancaster PA 17602	<del></del>			
(Use attachments if necessary	ury)	_			
jurisdiction under the law o of the translator must be sub	$\Lambda$	te is in a forc	ign language, a translat	tion of the certificate unde	er oath
	ted in accordance with section (65.020) the Department of State constitutes a the	nird degree fe	lony as provided for in		on
	Potroit II				

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

06/19/2017

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

### KOURT SECURITY PARTNERS, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

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IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC170619110429-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx