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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

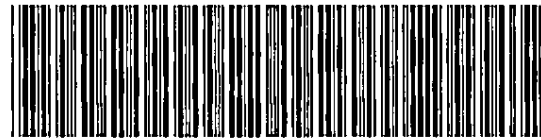
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(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF COURT  
JUL 27 2017

S. WARREN

AUG 01 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 29, 2017

ARAVIND KUMAR  
3457 CAPPJO DRIVE  
MELBOURN, FL 32940

SUBJECT: SAFEGAURDING MANAGEMENT LLC  
Ref. Number: W17000042064

We have received your document for SAFEGAURDING MANAGEMENT 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):

Please accept our apology for failing to mention this in our previous letter.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

NAME APPEARS TO MIS-SPELLED ON CERTIFICATE FROM HOME STATE -  
SAFEGAURDING MANAGEMENT, LLC - WE MUST ISSUE FOREIGN ENTITY  
NAME TO MATCH CERTIFICATE

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 Warren  
Regulatory Specialist II

Letter Number: 117A00013211



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 17, 2017

ARAVIND KUMAR  
3457 CAPPIO DRIVE  
MELBOURN, FL 32940

SUBJECT: SAFEGAURDING MANAGEMENT LLC  
Ref. Number: W17000042064

We have received your document for SAFEGAURDING MANAGEMENT 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):

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

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 017A00009883

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Safeguarding Management, 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:

Aravind Kumar  
Name of Person  
Firm/Company  
3457 Cappio Drive  
Address  
Melbourn, Florida 32940  
City/State and Zip Code  
aravindkumarind@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carrie Luckau at (800) 375-2453  
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:

- |                                                         |                                                                      |                                                               |                                                                                      |
|---------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy | <input type="checkbox"/> \$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. Safeguarding Management, 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. Alaska 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 1231 W. Northern Lights Blvd #911  
Anchorage, Alaska 99503  
(Street Address of Principal Office)

6. 3457 Cappio Drive  
Melbourne, Florida 32940  
(Mailing Address)

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

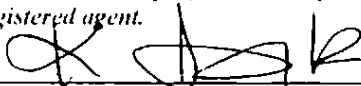
Name: Aravind Kumar

Office Address: 3457 Cappio Drive

Melbourne, Florida 32940  
(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.*

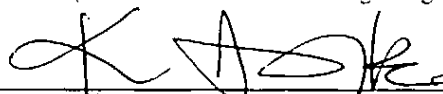
 7/29/17  
(Registered agent's signature)

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

Aravind Kumar, Member, 3457 Cappio Drive, Melbourne, Florida 32940

Rajash Krishnamurthy, Member, 3457 Cappio Drive, Melbourne, Florida 32940

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)

 7/29/2017  
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.

Aravind Kumar

Typed or printed name of signer

FILED  
17 JUL 27 PM 2:58  
TALLAHASSEE, FLORIDA

Alaska Entity #10050300

State of Alaska  
Department of Commerce, Community, and Economic  
Development  
Corporations, Business, and Professional Licensing

## Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

**Safeguarding Management, LLC**

This entity was formed on January 30, 2017 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective July 19, 2017.

A handwritten signature in black ink, appearing to read "Chris Hladick".

Chris Hladick  
Commissioner