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Certified Copies	Certificates of Status					
Special Instructions to	Filing Offices:					
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17 AUG 22 AM II: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA



August 2, 2017

STEVE GROSSMAN 5381 CONGRESS ST FAIRFIELD, CT 06824 US

SUBJECT: DEFENDER CARE LLC Ref. Number: W17000063078

We have received your document for DEFENDER CARE 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 designation of the registered agent must be at a Florida street address.

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) 254-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 517A00015597

2017 AUG 22 PM 12: 52

MDATED AMACHES

COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: EPARTNERS LLC DRA DEFENDER CARE 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:
OTEVE GROSSMAN
Name of Person EANINERS L. (DRA) DEFENDER Firm/Company CAR E
S38/ ONGRESS ST. Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: S125.00 Filing Fee

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

IN COMPLIANCE WITH SECTION COMPLANY TO TRANSAGERBUSH			S SUBMITTED TO R	EGISTER A FOREIGN	IJMITED LIABIIJIY
1. EFART.	NERS LLC	, (.		
- ,	nited Liability Company; must incl	R CAR	E LLC		
(If name unavailable, enter alternate name	adopted for the purpose of transacting b	ousmess in Florida. The altern	nate name must include "Lim	ited Liability Company," "L.L.	.C," or "LLC.")
(Jurisdiction under the law of which	foreign limited liability company is orga	inized)		El number, if applicable)	
4. 2-21	(Date lifet transacted business in Flor (See sections 605,0904 & 605,0905, 1	ida, if prior to registration.)	ilino		
5. 5381 ON	WELL D-	6			
(Street Address of Prin	That Office)	_	(Maili	ing Address)	
06/2	7			STENDER	CARE
7. Name and street address	r of Florida registered agent:	(P.O. Box NOT acc	reptable) 50) JE 101	
Name: g	DIEVE G	NOSMAN	₹ 32	000,0	on GIESI
Office Address: _		11/19/55	15	SYNTON IS	EACH, FL
l.	Apple Marie Con	y)	, Florida	Zip code)	33426
Registered agent's accepta Having been named as regi		ervice of process for	r the above stated li	mited liability comp	uny at the place
designated in this application to comply with the provision	n, I hereby accept the appo	intment as registere	d agen <u>t a</u> nd agree t	to act in this capacity	e. I further agree
and accept the obligations of				,	•
-	- CRegi	stered agent's agnature)			
8. The name, title or capacity:	ty and address of the person Name and Addrese	* *	thority to manage is or Capacity:	are: Name and A	Address:
CEO	JEU G				
	SSI CON	SCT 0682	24	TAL	749
				AHA	<u> </u>
				SSEC	2 =
(Use attachments if necessa)F ST	<u> </u>
9. Attached is a certificate o jurisdiction under the law of of the translator must be sub	which it is organized. (If the	days old, duly author certificate is in a fo	enticated by the offic oreign language, a tr	cial having costody of anslation of the certif	Frecords in the Rate under oath
10. This document is execut submitted in a document to t	ed in accordance with section the Department of State const	n 605.0208 (1) (b), F situtes a third degree	lorida Statutes. I an felony as provided:	n aware that any false for in s.817.155, F.S.	information
_		Signature of an authorize	ed person		
		Signature of all authorize	2. = -	1	
-	^	Typed or printed name	of signee		

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **EPARTNERS LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 25, 2014, and is in good standing in this state.

OF A CONTROL OF A

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 24, 2017.

Ballons K. Cegarske

Barbara K. Cegavske Secretary of State

Electronic Certificate

Certificate Number: C20170724-0328 You may verify this electronic certificate online at http://www.nvsos.gov/