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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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STATE OF FLORIDA

S. WARREN

AUG 29 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TennState Protective Solutions, 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:

Adam Hernandez  
Name of Person

TennState Protective Solutions, LLC  
Firm/Company

525 Gracewood Grove  
Address

Antioch TN 37013  
City/State and Zip Code

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

For further information concerning this matter, please call:

Adam Hernandez at ( 615 ) 669 5454  
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

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. TennState Protective Solutions 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. State of Tennessee  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-5647976  
(FEI number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 505 Gracewood Grove  
(Street Address of Principal Office)  
Antioch, TN 37013

6. 505 Gracewood Grove  
(Mailing Address)  
Antioch, TN 37013

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

Name: Juan Hernandez

Office Address: 16150 SW 143 Ln

Miami

(City)

Florida

33196

(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.



(Registered agent's signature)

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

Title or Capacity:

C.F.O.

Name and Address:

Adam Hernandez  
505 Gracewood Grove  
Antioch, TN 37013

Title or Capacity:

C.F.O.

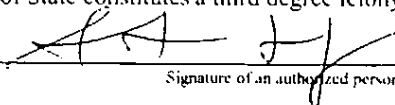
Name and Address:

Juan Hernandez  
16150 SW 143 Ln  
Miami, FL 33196

(Use attachments if necessary)

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)

10. 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.



Signature of an authorized person

Adam Hernandez

Typed or printed name of signee



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**

State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**JUAN MANUEL HERNANDEZ**  
TENNSTATE PROTECTIVE SOLUTIONS, LLC  
16150 SW 143RD LANE  
MIAMI, FL 33196

August 3, 2017

**Request Type: Certificate of Existence/Authorization**  
**Request #:** 0246394

**Issuance Date:** 08/03/2017  
**Copies Requested:** 1

**Document Receipt**

**Receipt #:** 003512187

**Filing Fee:** \$20.00

**Payment-Credit Card - State Payment Center - CC #:** 3707990777

\$20.00

**Regarding:** TennState Protective Solutions, LLC

**Filing Type:** Limited Liability Company - Domestic

**Formation/Qualification Date:** 11/22/2015

**Status:** Active

**Duration Term:** Perpetual

**Business County:** DAVIDSON COUNTY

**Control #:** 822556

**Date Formed:** 11/22/2015

**Formation Locale:** TENNESSEE

**Inactive Date:**

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**TennState Protective Solutions, LLC**

\* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has filed the most recent annual report required with this office;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

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