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COVER LETTER

TO: Registration Section Division of Corporations

J.W. Security, SUBJECT: 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:

Jonathan Williams		
J. W. SCCurity, LLC Firm/Company		
<u>74 WOODCLE</u>		
<u>Freeport</u> , NY 11520 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
<u>Tem Williams</u> at (<u>631</u> <u>838-1494</u> 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	

□ \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate

1

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. LÍMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

J. W. SCCUTTY, LLC." or "LLC." or "LLC." 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.") SEQEC infinited liability company 2 (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605 0905, F.S. to determine penalty liability) 6. 74 5. 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) JOMARTAN WILLIAMS Name: 4560 YELLOWGOLD RD. E. #105 Office Address: ILISSI MMEE _____. Florida <u>34746</u> 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 stifutes 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: Title or Capacity: Name and Address: Name and Address: dent Williams 2000 CLEFT AI EPORT, NY 11500

(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 17.155, F.S.

State of New York Department of State } ss:

I hereby certify, that J.W. SECURITY, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/25/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.



TNFSS

* * *

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 10th day of July two thousand and seventeen.

Brendan W. Fitzgerald Executive Deputy Secretary of State