M170000/0955

(Req	uestor's Name)				
(8.2.4)					
(Add	ress)				
(Add	ress)				
(City	/State/Zip/Phon	e #)			
PICK-UP	WAIT	MAIL			
(Bus	iness Entity Na	me)			
(Doc	cument Number)				
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					
<u> </u>					
Certin-99	1446				

Office Use Only

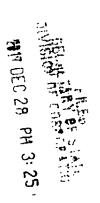


400306653724

M17-10955

12/15/17--01018--018 **125.00

200



N. CAUSSEAUX DEC 2 8 2017

COVER LETTER

	Registration Section Division of Corpo						
SUBJEC	-	g and Management Systems LLC					
SOBJEC	· · ·	Name of	Limited Liability C	ompany			
		by Foreign Limited Liability Componitted to register the above refer					
Please ret	turn all corresponde	ence concerning this matter to the	following:				
	Michelle 1	Hammock					
		N	ame of Person				
	Visitor Vetting and Management Systems LLC						
	Firm/Company						
	7087 Grand National Drive Suite 100						
			Address				
	Orlando, l	FL 32819					
		City/S	tate and Zip Code				
	Michelle,H	ammock@huntinc.com					
	_	E-mail address; (to be use	d for future annual	report not	ification)		
For furthe	er information conc	cerning this matter, please call:					
	Michelle Hammoc	k	407 at (212-300)5		
•	N	ame of Contact Person	Area Code	Day	time 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					
	is a check for the f S125.00 Filing F		☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Cert of Status & Certified Copy		



December 18, 2017

MICHELLE HAMMOCK 7087 GRAND NATIONAL DR, STE 100 ORLANDO, FL 32819

SUBJECT: VISITOR VETTING AND MANAGEMENT SYSTEMS LLC

Ref. Number: W17000099446

We have received your document for VISITOR VETTING AND MANAGEMENT SYSTEMS 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 417A00025495

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

IN COMPLANCE 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:

	nagement Systems LLC		· · · · · · · · · · · · · · · · · · ·
(Name of Foreign	Limited Liability Company; must include "Li	mited Liability Company," "L.L.C.," or "LLC.	")
(H name unavailable, enter alternate e	name adopted for the number of transacting husiness i	n Florida. The alternate name must include "Limited L	iability Company ""LLC" or "LLC")
2 State of Ohio		3. 82-2694920	and the same of th
	hich foreign limited liability company is organized)		mber, (l'applicable)
4 11/01/2017			
4.	(Date first transacted business in Florida, if pri- (See sections 605,0904 & 605,0905, F.S. to de	or to registration.)	
5. 7087 Grand National I		6 7087 Grand National Driv	ve Suite 100
(Street Address of Principal Office)		(Mailing Ac	
Orlando, FL 32819		Orlando, FL 32819	7 8 71 8
			<u> </u>
7. Name and street address	ss of Florida registered agent: (P.O. I	Box NOT acceptable)	
Name:	Kandy Hunt		28 34
Office Address:	11929 Otterbroke Trail		P
\$.	Orlando	3.1786	ر المراجعة ا مواجعة المراجعة المر
	(City)	, Florida <u>34786</u> (Zipe	ode)
Registered agent's accep		of process for the above stated limite	OI ·
, ,	s of my position as registered agent. (Registered se	-40	
	(Mgshister)	an Anguarde)	
8. The name, title or cap: <u>Title or Capacity:</u>	acity and address of the person(s) who <u>Name and Address:</u>	o has/have authority to manage is/are: <u>Title or Capacity:</u>	Name and Address:
Owner	Dave Roush	COO	
Owner	7100 E Pleasant Valley Ro		Kandy Hunt 7087 Grand National Dr #100
	Independance, OH 44131		Orlando, FL 32819
			
(Use attachments if neces	sary)		
9 Attached is a cortificate	of existence, no more than 90 days o	old, duly authenticated by the official h	raving custody of records in the
	of which it is organized. (If the certif	icate is in a foreign language, a transla	
	the Department of State constitutes:	2203 (1) (b), Florida Statutes, I am awa a third degree felony as provided for it active of an authorized person	
	S S S S S S S S S S S S S S S S S S S	afure of an authorized person	
	Kandy Hunt		

Typed or printed name of signee

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show VISITOR VETTING AND MANAGEMENT SYSTEMS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4068310, was organized within the State of Ohio on September 1, 2017, is currently in FULL FORCE AND EFFECT upon the records of this office.

THE DEC 28 PM 3: 25



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 26th day of December, A.D. 2017.

Ohio Secretary of State

for Hastel

Validation Number: 201736000926