

M 18000000008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

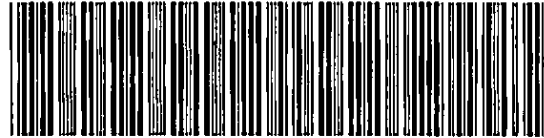
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

with 98696

Office Use Only



300306438003

12/12/17--01003--006 **155.00

2017 DEC 11 AM 9:05

18 JAN -2 PM 2:49
CLERK OF COURT
TALLAHASSEE, FLORIDA

JAN 02 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2017

MICHAEL G ROSS
183 SE CALMO CIRCLE
PORT ST LUCIE, FL 34984

SUBJECT: PRAETORIAN SECURE LLC
Ref. Number: W17000098696

We have received your document for PRAETORIAN SECURE LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 817A00025236

RECEIVED
JAN - 2 2018

**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. Practorian Secure LLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Practorian Secure Solutions 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. Michigan
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 27-1341089
(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. 3072 N. Irish Rd
(Street Address of Principal Office)
Davison, MI 48423
6. 183 SE Calmo Circle
(Mailing Address)
Port St. Lucie, FL 34984

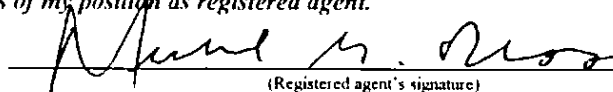
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Michael Ross

Office Address: 183 SE Calmo Circle
Port St. Lucie, Florida 34984
(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.


(Registered agent's signature)

FILED
JAN -2 PM 12:19
TALLAHASSEE, FLORIDA

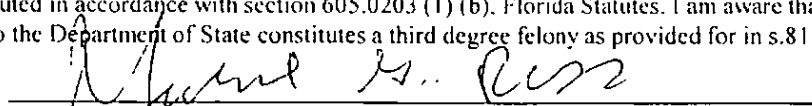
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>CEO</u>	<u>Brent A. Bernard</u> <u>3072 N. Irish Rd</u> <u>Davison, MI 48423</u>	_____	_____
<u>COO</u>	<u>Michael G. Ross</u> <u>183 SE Calmo Circle</u> <u>Port St. Lucie, FL 34984</u>	_____	_____

(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
Michael G. ROSS
Typed or printed name of signer



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

PRAETORIAN SECURE, LLC

was validly authorized on November 20, 2009, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 17121963190

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 6th day of December, 2017.

A handwritten signature in cursive script, reading "Julia Dale".

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau