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Division of Corporations

Florida Department of State

Division of Corporations

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Foreign Limited Liability Company

All Security GA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$125.00

RECEIVED
JAN 23 2018

J. LEGGETT
JAN 24 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. All Security GA, 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. Georgia
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 61-1788237
(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. 283 Cranes Roots Blvd., Suite 111
(Street Address of Principal Office)
Altamonte Springs, FL 32701

6. 283 Cranes Roots Blvd., Suite 111
(Mailing Address)
Altamonte Springs, FL 32701

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

Name: Winston James

Office Address: 283 Cranes Roots Blvd., Suite 111

Altamonte Springs (City), Florida 32701 (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/share:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
MGR	Winston James 283 Cranes Roots Blvd., Suite 111 Altamonte Springs, FL 32701		

(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

Winston James
Typed or printed name of signee

Control Number : 15076245

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brian P. Kemp**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

ALL SECURITY GA, LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 15157925
Date Inc/Auth/Filed: 07/30/2015
Jurisdiction : Georgia
Print Date : 01/22/2018
Form Number : 211

Brian P. Kemp
Secretary of State
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