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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

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Account Number : I20090000081  
Phone : (307)200-2803  
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**Foreign Limited Liability Company  
ANONYMOUS ALERTS, LLC**

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JUN 07 2018

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. **ANONYMOUS ALERTS, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "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.")

2. New York

(Jurisdiction under the law of which foreign limited liability company is organized)

3. N/A

(FEI number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.004 & 605.005, F.S. to determine penalty liability)

5. 245 Main Street, Suite 400

(Street Address of Principal Office)

White Plains, NY 10601

6. 245 Main Street, Suite 400

(Mailing Address)

White Plains, NY 10601

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

Name: Northwest Registered Agent, LLC.

Office Address: 3030 N. Rocky Point Dr. STE 150A

Tampa

(City)

Florida 33607

(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.*

Ton Glover

(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:

Name and Address:

Title or Capacity:

Name and Address:

Member

Gregory Bender

245 Main Street, Suite 400

White Plains, NY 10601

(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.

Morgan Noble

(Signature of an authorized person)

Morgan Noble

(Typed or printed name of signer)

**State of New York**  
**Department of State** } ss:

I hereby certify, that ANONYMOUS ALERTS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/21/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 05th day of June  
two thousand and eighteen.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", with a long horizontal flourish extending to the right.

Brendan W. Fitzgerald  
Executive Deputy Secretary of State

201806060216 \* MG