

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Security Solutions, LLC
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:

Evan Tripp
Name of Person

Evan L. Tripp CPA PC
Firm/Company

2001 W. Jesse James Road Ste 3
Address

Excelsior Springs, MO 64024
City/State and Zip Code

evan@evantrippcpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Evan Tripp at (816) 630-2520
Name of Contact Person 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

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of 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 LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. National Security Solutions, 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. Missouri 3. 45-2493834
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 8-1-2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2020 Harbourside Drive 6. 2020 Harbourside Drive
(Street Address of Principal Office) (Mailing Address)
#436 #436
Longboat Key, FL 34228 Longboat Key, FL 34228

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

Name: James Barbee
Office Address: 2020 Harbourside Drive #436
Longboat Key, Florida 34228
(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.

James F. Barbee
(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 James Barbee
2020 Harbourside Drive #436
Longboat Key, FL 34228

(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.

James F. Barbee
Signature of an authorized person
James Barbee
Typed or printed name of signer

FILED
18 AUG 29 AM 7:45
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

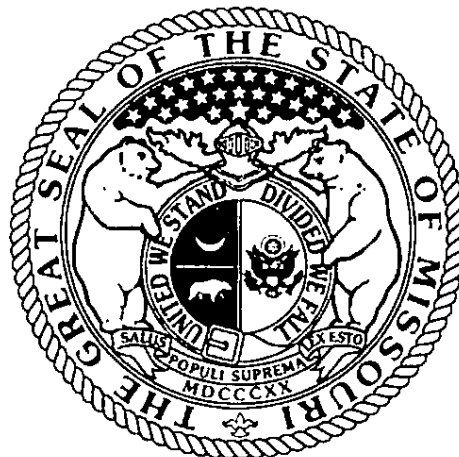
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

National Security Solutions, LLC
LC1149112

was created under the laws of this State on the 13th day of June, 2011, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 22nd day of August, 2018.


Secretary of State



Certification Number: CERT-08222018-0073