

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Corporations		
	Fax Number : (850)617-	6383	
From: **Enter the annual	Account Name : REGISTERE Account Number : I20090000 Phone : (307)200- Fax Number : (855)330- email address for this busin report mailings. Enter only	0081 - 2803 - 1010	FALL AND WE THE SECOND
	Address:		pleaser. FLOS
E	Foreign Limited Liab	oility Company	
E		oility Company	FL031
<u> </u>	Foreign Limited Liab	oility Company	FL031
E	Foreign Limited Liab C3I SECURITY G Certificate of Status Certified Copy	oility Company ROUP, LLC 0 0	FL031
	Foreign Limited Liab C31 SECURITY G Certificate of Status	oility Company ROUP, LLC	FL031

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Help

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. C3I SECURITY C	SROUP, LLC Limited Liability Company, must include "Lim	nted Liability Company," "L.L.C.," or "LLC.")		
(If name unavariable, enter alternate is	name adopted for the purpose of transacting business in b	Florida, The atternate name must include "Limited Liabi	ility Company," "L.L C	," or "LLC.")
2. Delaware		3. N/A		
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI numbe	r, if applicable)	
4. N/A				
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605,0905, F.S. to deter	rmine penalty fiability)		
5. 921 NW Sunset		6. 921 NW Sunset Terra	эсе % —	<u> </u>
(Street Address of Principal Office) Stuart, FL 34994		Stuart, FL 34994		=
			<u> </u>	3
				- <u>r</u> ;
7. Name and street address	ss of Florida registered agent: (P.O. Bo	ox NOT acceptable)	E C	2 E
N'amar	Northwest Registered Agen	t. LLC.	. 	X
Name:			S S	AH 9: 04
Office Address:	3030 N. Rocky Point Dr. ST	E 13UA	70.	40
	Tampa		· 	
Registered agent's accep	(City)	(Zip code)	
	is of my position as registered agent. Ton Glove (Registered agent)	f's signature)		
70 - 70		·		
8. The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who Name and Address:	Title or Capacity:	Name and Ad	idress:
Member	David Davidson			
1410111801	921 NW Sursol Terraco			
	Stuart, Ft. U.S. 34994			
Member	Kim Davidson			
	971 NW Sureel Terrace Stuart Ft US 34994			
(Use attachments if neces	• •			
 Attached is a certificate jurisdiction under the law of the translator must be s 	e of existence, no more than 90 days old of which it is organized. (If the certific submitted)	d, duly authenticated by the official ha- cate is in a foreign language, a translati	ving custody of i on of the certific	records in the rate under oath
10. This document is executed submitted in a document t	o the Department of State constitutes a	203 (1) (b). Florida Statutes. I am award third degree felony as provided for in s	that any false it 3.817.155, F.S.	nformation
	Some	ture of an authorized person		
	Jugar			
	Morgan Noble			
	Typer	d or printed mane of signee		

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "C31 SECURITY GROUP, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIFTEENTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "C3I SECURITY GROUP, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JUNE, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

SECRETARY OF STATE

Jeffrey M Bulliach, Sourstary of State

Authentication: 203909732

Date: 11-15-18

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SR# 20187665421
You may verify this certificate online at corp.delaware.gov/authver.shtml