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M Sellers

COVER LETTER

Registration Section

TO:

Div	ision of Corporation	is					
SUBJECT:	LIBERTY HOM						
		Name of I	Limited Liability (Company			
					ansact Business in Florida," Co y company to transact business		
Please returt	all correspondence c	oncerning this matter to the	following:				
	Mr. Benjami	in Joseph					
	· · · · · · · · · · · · · · · · · · ·	Na	ime of Person				
	LIBERTY H	OME GUARD LLC					
	Firm/Company						
	4101a Aven	ue U					
	Address						
	Brooklyn, N	Y 11234					
	-	City/S	tate and Zip Code		· · · ·		
	charles@rac	harles.com					
		E-mail address: (to be used	for future annual	report no	tification)		
For further i	nformation concerning	g this matter, please call:					
Ве	enjamin Joseph		646 at (5618	855		
	Name o	f Contact Person	Area Code	Day	time Telephone Number		
Div Reg P.C	MLING ADDRESS: vision of Corporations gistration Section b. Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301		
	a check for the follow \$125.00 Filing Fee	ing amount: ☑ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certi of Status & Certified Copy	ficate	

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN THAIRTED HABILITY

(Name of Foreign	Limited Liability Company, must include "Lim	ited Liability Company," "L.L.C.," or "L.L.C."	i
f name unavailable, enter alternate r Delaware	name adopted for the purpose of transacting business in l	Florida The alternate name must include "Lainited Lik 82-2894346	ability Company," "L.L.C," or "LLC")
	hich foreign furnted fiability company is organized)	(FEI nam	ber, if applicable)
. <u>N/A</u>	(Day for two world by the France Plants France		
4101a Avenue U	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905, F.S. to deter	_{6.} 4101a Avenue U	
Brooklyn, NY 112	Principal Office)	Brooklyn, NY 11234	dress)
	ss of Florida registered agent: (P.O. Be Registered Agents Inc.	ox <u>NOT</u> acceptable)	
Name:	7901 4th St N, STE 300		
Office Address:	7901 4til 3t N, 31E 300		
Office Address:	0. 5		
Registered agent's accep Javing been named as re	gistered agent and to accept service of	. Florida $\frac{33702}{ ext{(Zip cos}}$	l liability company at the plac
egistered agent's acceptaving been named as resignated in this application of the comply with the provision.	(City)	(Zip co f process for the above stated limited as registered agent and agree to act	I liability company at the plac t in this capacity. I further ag
Registered agent's acceptaving been named as resignated in this application comply with the provisi	(Cay) otance: egistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope	(Zip co f process for the above stated limited as registered agent and agree to act er and complete performance of my	I liability company at the plac t in this capacity. I further ag
Registered agent's acceptaving been named as resignated in this applicate comply with the provisind accept the obligation	ctance: egistered agent and to accept service of the appointment ions of all statutes relative to the propers of my position as registered agent. But here	(Zip configure) f process for the above stated limited as registered agent and agree to acted and complete performance of my (*\sigma\text{Signature}) has/have authority to manage is/are: Title or Capacity:	I liability company at the plac t in this capacity. I further ag
Registered agent's acceptaving been named as resignated in this applicate comply with the provisind accept the obligation 3. The name, title or capanity:	ctance: registered agent and to accept service of the appointment ions of all statutes relative to the property of my position as registered agent. Registered agent accity and address of the person(s) who have and Address: Benjamin Joseph	(Zip cost for the above stated limited as registered agent and agree to acter and complete performance of my (*signature) has/have authority to manage is/are: Title or Capacity:	I liability company at the plac in this capacity. I further ag duties, and I am familiar with
Registered agent's acceptaving been named as resignated in this applicate comply with the provisional accept the obligation 3. The name, title or captain title or Capacity: Member	contance: registered agent and to accept service of the appointment ions of all statutes relative to the property of my position as registered agent. Registered agent and address of the person(s) who name and Address: Benjamin Joseph 135 Wooleys Lane Great Neck, NY-1102 David Moreno 1988 Ocean Parkway Brooklyn, NY-11223	(Zip cost for the above stated limited as registered agent and agree to acter and complete performance of my (*signature) has/have authority to manage is/are: Title or Capacity:	I liability company at the plac in this capacity. I further ag duties, and I am familiar with
Registered agent's acceptaving been named as resignated in this applicate occupy with the provise and accept the obligation. 3. The name, title or captable or Capacity: Member Member Use attachments if neces.	otance: registered agent and to accept service of the appointment ions of all statutes relative to the property of my position as registered agent. Registered agent and to accept service of the appointment ions of all statutes relative to the property of my position as registered agent. Registered agent accity and address of the person(s) who Name and Address: Benjamin Joseph 135-Wooleys-Lane Great Neck, NY-1102 David Moreno 1988 Ocean Parkway Brooklyn, NY-11223 sary) of existence, no more than 90 days old of which it is organized. (If the certification is organized.)	f process for the above stated limited as registered agent and agree to acter and complete performance of my (**signature) has/have authority to manage is/are: Title or Capacity:	I liability company at the place in this capacity. I further ag duties, and I am familiar with Mame and Address: Name and Address:

Typed or printed name of signee

Benjamin Joseph

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:00 PM 09:19:2017
FILED 12:00 PM 09:19:2017
SR 20176224335 - File Number 6548909

CERTIFICATE OF FORMATION

OF

LIBERTY HOME GUARD LLC

FIRST: The name of the limited liability company is LIBERTY HOME GUARD LLC.

SECOND: Its Registered Office is to be located at 3500 South Dupont Highway. Dover, Delaware 19901 in the County of Kent. The Registered Agent in charge thereof is W/K Incorporating Services, Inc.

I, THE UNDERSIGNED, for the purpose of forming a limited liability company under the laws of the State of Delaware, do make, file and record this Certificate, and do certify that the facts herein are true, and I have accordingly hereunto set my hand this 19th day of September, 2017.

Lawrence A. Kirsch

Authorized Person on behalf of the LLC

avience a Kisch

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF FORMATION OF "LIBERTY HOME GUARD

LLC", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF SEPTEMBER,

A.D. 2017, AT 12 O'CLOCK P.M.



Authentication: 203704877

Date: 10-29-18

6548909 8100 SR# 20187304274

Page 1



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

DELAWARE, DO HEREBY CERTIFY "LIBERTY HOME GUARD 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 TWENTY-FOURTH DAY OF OCTOBER, A.D. 2018.



Authentication: 203674826

Date: 10-24-18

6548909 8300 SR# 20187253386