

M1900002703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

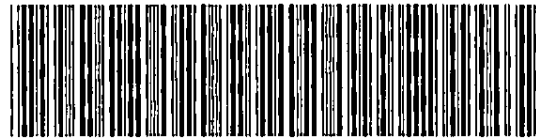
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800325776398

03/07/19--01023--025 **125.00

FILED
2019 MAR -7 PM 4:39
STATE OF FLORIDA
TALLAHASSEE FLORIDA

BRUCE
MAR 20 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AG FIRE SAFETY 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:

MARIA SANFORD

Name of Person

ATTORNEYS CORPORATION SERVICE

Firm/Company

5668 E. 61ST STREET

Address

COMMERCE, CA 90040

City/State and Zip Code

AGFIRESAFETYLLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA SANFORD

800

462-5487

Name of Contact Person

at (_____) _____
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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$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

FILED
2019 MAR -7 PM 4:33
TALLAHASSEE FLORIDA
SECRETARY OF STATE

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. AG FIRE SAFETY 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. State of Wyoming
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-4237174
(FEI number, if applicable)

4. 2/1/19
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0603 & 605.0605, F.S., to determine penalty liability)

5. 300 N Maringale Rd
(Street Address of Principal Office)

6. PO Box 412253
(Mailing Address)

Suite 750
Schaumburg, IL 60173

Chicago, IL 60641

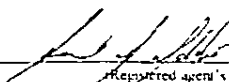
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Armando Alcalá

Office Address: 9141 Fox Sparrow
Tampa, Florida 33626
(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.


(Registered agent's signature)

FILED
2019 MAR -7 PM 4:39
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DALLAS
STATE OF TEXAS

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:

☐ Manager Name: Byron Celleri

☒ Member Address: PO Box 412253

☐ Authorized Chicago, IL 60641

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Marco Alcala

☒ Member Address: PO Box 412253

☐ Authorized Chicago, IL 60641

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

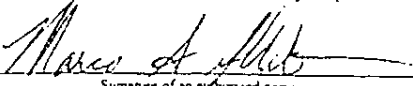
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Marco A. Alcala

Typed or printed name of signer

FILED
2015 MAR -7 PM 4:33
TALLAHASSEE
STATE DEPARTMENT OF REVENUE

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,


AG Fire Safety LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 13, 2013**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2013-000653890**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 28th day of February, 2019 at 4:51 PM. This certificate is assigned 030087625.




Secretary of State