# 119000005521

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| . (Ad                   | ldress)            | <del></del> |
| (Ad                     | dress)             |             |
| (Cit                    | ty/State/Zip/Phone | #)          |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nam  | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | of Status   |
| Special Instructions to | Filing Officer:    |             |
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## COVER LETTER .

| SUBJECT:          | Sentinel Door Controls, LLC   |                   |  |           |      |
|-------------------|---|-------------------|--|-----------|------|
|                   | <del></del>   | of Limited Liab   | pility Company   |           |      |
|                   | d "Application by Foreign Limited Liability Cond check are submitted to register the above re |                   |  |           |      |
| Please returi     | n all correspondence concerning this matter to  | the following:    |  |           |      |
| •                 | Bernice Cirincione  |                   |  |           |      |
|                   |   | Name of Perso     | on   | _         |      |
|                   | Sentinel Door Controls, LLC   |                   |  |           |      |
|                   |   | Firm/Compan       | y  | _         |      |
|                   | 3020-D Hutchison McDonald Road  |                   |  |           |      |
|                   |   | Address           |  |           |      |
|                   | Charlotte, NC 28269   |                   |  |           |      |
|                   | Cit   | y/State and Zip   | Code   | <u> </u>  |      |
|                   | bernice@sentineldoor.com  |                   |  |           |      |
|                   | E-mail address: (to be  | used for future a | innual report notification)  | -<br>2    |      |
| For further i     | nformation concerning this matter, please call:   |                   | <u>22</u> ∫<br>  | 2 YAH 610 |      |
| Be                | rnice Cirincione  | 888<br>at (       | 327-7848   | AY 2      | T.>> |
|                   | Name of Contact Person  | Area              | Code Daytime Telephone Number  |           | 38   |
| Div<br>Reg<br>P.C | AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 llahassee, FL 32314     |                   | STREET ADDRESS:  Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | PH 4: 50  |      |
|                   | closed is a check for the following amount: ase make check payable to: FLORIDA DEPA           | ARTMENT OF        | STATE  |           |      |
|                   | \$125.00 Filing Fee S130.00 Filing Fe   |                   | 55.00 Filing Fee & \$160.00 Filin<br>Tertified Copy of Status & C  |           |      |

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

IN COMPILANCE 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:

| (Name of Foreign   | Limited Liability Company, must include "Limite  | ed Liability Comp                        | any," "L.L.C.," or "LLC,")           |                           |
|--|--|--|--------------------------------------|---------------------------|
| /A   |  |  |                                      |                           |
| name unavarlable, enter alternate i                                | name adopted for the purpose of transacting business in Pla  | orida. The alternate i                   | came must include "Limited Liability | Company," "L L_C," or "L1 |
| State of South Carolina  |  | N/A<br>3.                                |                                      |                           |
| (Jurisdiction under the law of w                                   | hich foreign limited liability company is organized)   | J  | (FEI number, if                      | applicable)               |
| N/A  |  |  |                                      |                           |
|  | (Date first transacted business in Florida, if prior to<br>(See sections 605 0904 & 605 0905, F.S. to determ | registration.)<br>inc penalty liability) | <del></del>                          | <del></del>               |
| 2975 Pignatelli Crescent Drive (Succe Address of Principal Office) |  | 2975                                     | Pignatelli Crescent Drive            | 2                         |
|  |  | 6. (Mailing Address)                     |                                      |                           |
| Mt. Pleasant, SC 2946  | 4  | Mt. P                                    | leasant, SC 29464                    |                           |
|  |  |  |                                      |                           |
| Name and atsent udden  | ss of Florida registered agent: (P.O. Box  | NOT again                                | abla)                                | 2019 MAY                  |
| ivame and <u>speet appre</u>                                       | ss of Florida registered agent. (F.O. 50)  | NOT accept                               | aute)                                |                           |
| Name:  | Scott Eraul  |  | _                                    | Y 21                      |
| Office Address:  | 8551 Sunrise Blvd., #200   |  |                                      |                           |
|  |  |  | 33322                                | ى                         |
|  | Plantation   |  | . Florida                            |                           |

#### 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.

(Regist ned agent's signature)

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: Title or Capacity: Name and Address: Name: David Maroon David Scopel Manager Manager Name: Address: 3020-D Hutchison McDonald R 3020-D Hutchinson McDonald Member ☐ Member Address: Charlotte, NC 28269 Charlotte, NC 28269 Authorized Authorized Person Person Owner Owner Other\_\_\_\_ Other Other Manager Name: \_\_\_\_\_ Manager Manager Member Address: \_\_\_\_ Member Address: Authorized Authorized Person Person Other Other Other Other\_ Manager Name: Manager Member Address: Member Address: Authorized Authorized Person Person Other\_\_\_\_\_ Other Other \_\_\_ Other\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Dand J Scopel David Scopel, General Manager

Typed or printed name of signee

# The State of South Carolina



2019 MAY 21 PH 4: 5

Office of Secretary of State Mark Hammond &

#### Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

SENTINEL DOOR CONTROLS, LLC, a limited liability company duly organized under the laws of the State of South Carolina on January 24th, 1997, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 6th day of June, 2019.

Mark Hammond, Secretary of State