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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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Tallaha	ssee, FL 32314			Tallahassee, FL 32301	
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Enclose	d is a check for the followi	ing amount: .ORIDA DEPARTM	ENT OF STAT	TF	

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:

ne unavollable, enter alternate re	eme adopted for the purpose of transacting business in Flu	ids. The alternate name must inclu	de "Limaed Lizbiliny	Campany,"	"L.lc.C." or	
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(Jurisdiction under the law of wh	3	(FEI pupuber, i	(applicable)	- [
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8/1/2019					C	
			<u>-</u> -			
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determi	egistration.) ne pensity liability)			P=	
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(Sirect Address of Principal Office)			(Mailing Address)	Ę.,	.,	
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	ss of Florida registered agent: (P.O. Box Heather Weider	NOT acceptable)				
Same and <u>street addres</u> Name:		NOT acceptable)				
	Heather Weider	NOT acceptable)				
		NOT acceptable)				
Name:	Heather Weider	NOT acceptable)	33860			

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.

To. Page 6 of 6

8. For in	nitial indexing purposes,	list names, title	or capacity and	addresses of the prin	iary members/managers	s or persons authorized to
manage (i	up to six (6) total):	*				

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: James Ray Hilligas	Manager	Name: Heather Weider
Member	Address: 4040 Festival Pointe Blvd	Member	Address:
Authorized	Mulberry, FL 33860	Authorized	Mulberry, FL 33860
Person		Person	
Other	Other	Other	Other
			C -
□Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized		☐ Authorized	
Person		Person	
Other	Other	Other	Other
Manager	Name:	Manager Manager	Name:
□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 \$.817.155, F.S.

James Ray Hilligas

Typed or printed name of signer

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I. Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show EXPRESS SECURITY TECHNOLOGIES LLC, an Ohio For Profit Limited Liability Company, Registration Number 4300878, was organized within the State of Ohio on March 2, 2019, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the scal of the Secretary of State at Columbus, Ohio this 28th day of August, A.D. 2019.

Ohio Secretary of State

Ful John

Validation Number: 201924001350