

Florida Department of State  
Division of Corporations  
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**H19000010217**

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company**  
**B&B ROADWAY AND SECURITY SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: B2B Broadway and Security Solutions 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:

STATE OF  
FLORIDA  
TALLAHASSEE, FLORIDA

OCT 23 PM 4:51

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Name of Person

Capitol Services - Corporate Filings Team  
Firm/Company

515 East Park Avenue 2nd Fl

Address

Tallahassee, FL 32301

City/State and Zip Code

tkirsch@bb-amr.com

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

For further information concerning this matter, please call:

at ( 855 ) 498 - 5500  
Name of Contact Person      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 &  \$155.00 Filing Fee &  \$160.00 Filing Fee, Certificate  
of Status      Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA****IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:**1. B2B Broadband Line Security Solutions LLC  
(Name of Foreign Limited Liability Company; does not include "Limited Liability Company," "LLC," or "LLC™")

(If name is unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC™")

2. QFC  
(Address or under the firm of which foreign limited liability company is unincorporated)3. 82-4265366  
(FEI number, if applicable)4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 603.0904 & 603.0905, F.S., to determine penalty liability)5. 5900 Lake Forest Dr.  
(Street Address of Principal Office)6. \_\_\_\_\_  
(Mailing Address)Site #30Mckinney, TX 752707. Name and actual address of Florida registered agent: (P.O. Box NOT acceptable)Name: Capitol Corporate Services, Inc.Office Address: 515 East Park Avenue 2nd FlTallahassee , Florida 32301  
(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.*Kim Tadlock

(Registered agent's signature)

Kim Tadlock, Asst. Secretary on behalf  
of Capitol Corporate Services, Inc.2019 OCT 25 PM 4:51  
S E C U R I T Y  
O F F I C E  
T A L L A H A S S E E , F L O R I D A

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Travis Kirsch</u>	<input type="checkbox"/> Manager	Name: <u>Travis Kirsch</u>
<input type="checkbox"/> Member	Address: <u>5900 Lake Forest Dr.</u>	<input type="checkbox"/> Member	Address: <u>5900 Lake Forest Dr.</u>
<input checked="" type="checkbox"/> Authorized Person	<u>Suite 230</u>	<input type="checkbox"/> Authorized Person	<u>McKinney, TX 75070</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>Joseph Fong</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>5900 Lake Forest Dr.</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	<u>Suite 230</u>	<input type="checkbox"/> Authorized Person	<u>McKinney, TX 75070</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>Keith Oster</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>5900 Lake Forest Dr.</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	<u>Suite 230</u>	<input type="checkbox"/> Authorized Person	<u>McKinney, TX 75070</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.817.135, F.S.

Travis Kirsch

Signature of an authorized person

Travis Kirsch

Typed or printed name of signer

FILED

# Delaware

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## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "B&B ROADWAY AND SECURITY SOLUTIONS, 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-THIRD DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "B&B ROADWAY AND SECURITY SOLUTIONS, LLC" WAS FORMED ON THE SECOND DAY OF DECEMBER, 2009, AT 11:23 A.M. (EST) IN THE CITY OF JACKSONVILLE, STATE OF FLORIDA.

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

2009 OCT 23  
TAX DAY  
JACKSONVILLE, FLORIDA  
STATE OF FLORIDA

FILED



4906663 8300

SR# 20197695766

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock, Secretary of State.

Authentication: 203851944

Date: 10-23-19