

MI9000010422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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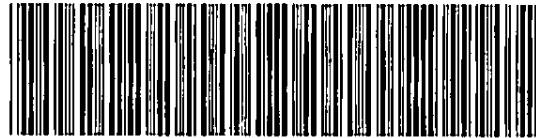
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hudson Security 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:

Anthony Durban-Hudson  
Name of Person

Hudson Security LLC  
Firm/Company

11810 INTERLAKEN DR SW  
Address

Lakewood, WA 98498  
City/State and Zip Code

vgz863@aol.com  
E-mail address: (to be used for future annual report notification)

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11:11 PM

For further information concerning this matter, please call:

Anthony Durban-Hudson at (253) 394-8001  
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 & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. Hudson Security 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. Pierce County - WA  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-1823588  
(FEI number, if applicable)

4. October 18, 2019  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 11810 INTERLAKEN DR SW  
(Street Address of Principal Office)

6. 11810 INTERLAKEN DR SW  
(Mailing Address)

Lakewood, WA 98498

Lakewood, WA 98498

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

Name: Christine Myers

Office Address: 673 Hollywood Blvd.

Melbourne, Florida 32904  
(City) (Zip code)

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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.

Christine Myers  
(Registered 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]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Christine Myers	✓	<input checked="" type="checkbox"/> Manager	Name:	Alex Myers	✓
<input type="checkbox"/> Member	Address:	673 Hollywood		<input type="checkbox"/> Member	Address:	673 Hollywood	
<input type="checkbox"/> Authorized		Bldg, Melbourne,		<input type="checkbox"/> Authorized		Bldg, Melbourne,	
Person		Florida, 32904		Person		Florida, 32904	
<input type="checkbox"/> Other				<input type="checkbox"/> Other			
<input checked="" type="checkbox"/> Manager	Name:	Jason Myers	✓	<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	673 Hollywood,		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Bldg, Melbourne,		<input type="checkbox"/> Authorized			
Person		Florida, 32904		Person			
<input type="checkbox"/> Other				<input type="checkbox"/> Other			
<input checked="" type="checkbox"/> Manager	Name:	Hannah Myers	✓	<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	673 Hollywood		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Bldg, Melbourne,		<input type="checkbox"/> Authorized			
Person		Florida, 32904		Person			
<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.817.155, F.S.

Anthony Durban-Hudson ✓  
Signature of an authorized person  
Anthony Durban-Hudson ✓  
Typed or printed name of signer

UNITED STATES OF AMERICA

# The State of Washington



## Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE

OF

HUDSON SECURITY LLC

2019 OCT 23 AM 9:02

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I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 06/26/2017.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 10/17/2019  
UBI Number: 604 141 335

✓



Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

*Kim Wyman*

Kim Wyman, Secretary of State

Date Issued: 10/17/2019