

N 200000001521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

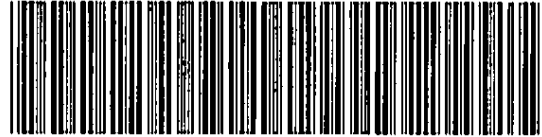
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE

45



SEAL
security

a division of SilverSEAL Corporation

Cannon's Walk
at The South Street Seaport
19 Fulton Street, Suite 308
New York, NY 10038
212.732.1897
212.732.2017 (fax)
www.SilverSEAL.net

February 4, 2020 – Sent Via Fed-Ex

Florida Department of State
Division of Corporations
Registration Section
2661 Executive Center Circle
Clifton Building
Tallahassee, Florida 32301

Complex Investigations

Cybersecurity

Forensic Accounting

Litigation Support

Due Diligence

Background Checks

Surveillance

Corporate Security

Executive Protection

Special Event Security

Security Consulting

Crisis Management

Training Programs

Risk Assessments

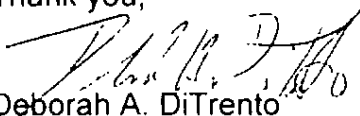
Security Integration Technologies

Ref: Your Letter Number: 020A00000538 dated January 8, 2020

Dear Sir or Madam:

As you requested enclosed please find a certified and true copy of our Certificate of Good Standing we received from New York State Dept. of State dated January 14, 2020.

Thank you,


Deborah A. DiTrento
Assistant & Notary

Enclosures: 1. Certificate of Good Standing
2. Your letter dated Jan. 8, 2020

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TALLAHASSEE FLORIDA



New York

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2020

JOHN L. SILVERMAN
19 FULTON STREET
SUITE:308-B
NEW YORK, NY 10038-2132

SUBJECT: SEAL SECURITY, LLC
Ref. Number: W20000001730

We have received your document for SEAL SECURITY, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 020A00000538

RECEIVED
FEB 05 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S.E.A.L. 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:

John L. Silverman	
_____ Name of Person	
S.E.A.L. Security, LLC	
_____ Firm/Company	
19 Fulton Street, Suite 308-B	
_____ Address	
New York, New York 10038-2132	
_____ City/State and Zip Code	
deb@silverseal.net	
_____ E-mail address: (to be used for future annual report notification)	

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Deborah A. DiTrento, Notary	212	732-1897
_____ 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

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. S.E.A.L. 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. New York 3. 27-00544 21
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 19 Fulton Street, Suite 308-B 6. 19 Fulton Street, Suite 308-B
(Street Address of Principal Office) (Mailing Address)

New York, New York 10038-2132 New York, New York 10038-2132

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

Name: United Corporate Services, Inc.

Office Address: 9200 South Dadeland Blvd. Suite 508

Miami, Florida 33156
(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.

Pharrell S. Chelto
(Registered agent's signature)

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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]:

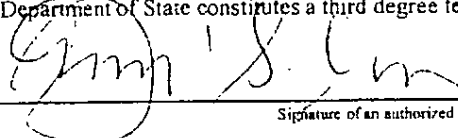
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: John L. Silverman, <u>CEO, C.A.M.A.</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 19 Fulton Street, Suite 308-B	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	New York, New York 10038-2132	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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 ALBANY, N.Y.

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.

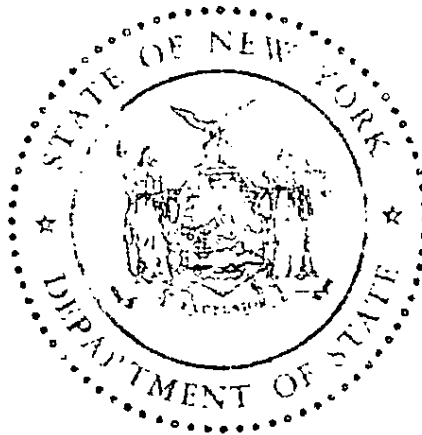


 Signature of an authorized person
 John L. Silverman

 Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that S.E.A.L. SECURITY, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/31/2002, and that the Limited Liability Company is existing so far as shown by the records of the Department.



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*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 15th day of January two
thousand and twenty.*

Brendan C Hughes

Brendan C Hughes
Executive Deputy Secretary of State