## M200005942

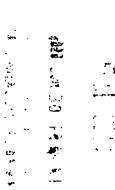
(Re	equestor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	ocument Number)		
		of Status	
Certified Copies	_ Certificates	ol Status	
Special Instructions to Filing Officer:			

Office Use Only



400346811694

06/30/20--01031--008 \*\*160.00



JUL 07 []])

•••

\*\*Cover Terrer

TO: Registration Section Division of Corporation	stGuard L	10	•
SUBJECT: P17	Name of Li	imited Liability Com	pany
The enclosed "Application by For Existence, and check are submitte	eign Limited Liability Compa d to register the above referer	any for Authorization need foreign limited	n to Transact Business in Florida," Certificate of liability company to transact business in Florida.
Please return all correspondence c	concerning this matter to the f	ollowing:	
H. Ki	eith Gam	ble	
	Nai	me of Person	
	First Gua	erd L	
<del></del>			
J	DO BOX 6	80988	
<del></del>		Address	
	Prattulle,	AL	36068
	City/Sta	ate and Zip Code	
K	arlia first  E-mail address: (to be used	guardo	Hicers. com
	,	ior tuture aimuai rep	of notification)
For further information concerning	g this matter, please call:		
Karli K.	Walsh	_at (_334)	799-8664 Daytime Telephone Number
Name o	of Contact Person	Area Code	Daytime Telephone Number
Mailing Address: Registration Section		Street Address: Registration Sect Division of Corp	
Division of Corporate P.O. Box 6327	HOUS	The Centre of Ta	
Tallahassee, FL 323	14		Street, Suite 810
Enclosed is a check for t Please make check payal \$125.00 Filing Fee	the following amount: ble to: FLORIDA DEPART  S130.00 Filing Fee & Certificate of Stat	□ \$155.00 Filing	Fee & / S160.00 Filing Fee, Certificate

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

?4NYTOTR4NS4CTB0	HON 605.0902, FLORIDA STATUTEN, THE FOLLOWING IS SUBS SINESS IN THE STATE OF FLORIDA:		
	St Guard LLC Emited Liability Company, must include "Limited Liability Company,"	Wi T (1 2 (2) 3).	
(Name of Foreign	trimited Liability Company, must include "Limited Liability Company,	L.L.C., or "LLC.")	
unavailable, enter alternate	ame adopted for the purpose of transacting business in Florida. The alternate name	e must include "Limited Liability Compa	ny," "L.L.C," or "LLC "
Autai	ga County AL  sch foreign Innited hability company is organized.	16-5433	256 -
risdiction under the law of w	sich foreign limited liability company is organized)	(FEI number, if applicab	lei
	(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability)		
112 00.1	cal Center Drive.	00 000	1.0006
113 IVICA	Cal (enter DRIVE.	PU BUX	48098
Address of Principal Office)	(Mailir	ng Address)	0
Prattull	, AL 36066	Prattville	HL
1		· · · · · · · · · · · · · · · · · · ·	
			3606
	<del></del>		<del></del>
me and street addre	s of Florida registered agent: (P.O. Box NOT acceptable	) p	
<u> </u>	g of thorough registered agent. (the box box into the acceptance	1 100 3	2·1
	1 100 10 11416h05		. •
Name:	Andrew R. Hughes 1920 Luneta Street	( b)	\$0. TO 10.
	1020 1. 1. Clout	•	,
Office Address:	1920 Luneta Street		•
Office Address:			
Office Address:			
Office Address:	Navarre, FL.	<sub>lorida</sub> 32,564	9

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.

A. R. W. (R. graded 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: ☐Manager ☑Member □ Authorized Person Person □Other □Other Other □Other. Pavla Gamble Karli Wals □Manager □Manager Member □Member □ Authorized □ Authorized Person Person □Other □ Other □ Other □Other □Manager □Manager □Member □Member □ ∕ uthorized 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.

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that FIRSTGUARD LLC was formed in Autauga County, Alabama on April 18, 2014. The Alabama Entity Identification number for this entity is 307-863. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20200622000037094

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

06/22/2020

Date

X 24. Merill

John H. Merrill

Secretary of State