

W20000077279

(Requestor's Name)

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PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

W20000077279

Office Use Only



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07/06/20 -01012 -002 *4125.00

2020 AUG -6 PM 3: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Handwritten signature and checkmark



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2020

OBIE BRYANT, JR.
755 COMMERCE DRIVE
STE:615
DECATUR, GA 30030

SUBJECT: BRYANT SAFETY AND SECURITY SOLUTIONS, LLC
Ref. Number: W20000077279

We have received your document for BRYANT SAFETY AND SECURITY SOLUTIONS, LLC and your check(s) totaling \$125.00. 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: 820A00013781

8/4/20

Pls see attached updated Certificate of Existence

RECEIVED

AUG 06 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bryant Safety 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:

Obie Bryant, Jr
Name of Person

Bryant Safety and Security Solution, LLC
Firm/Company

755 Commerce Drive, Ste 615
Address

Decatur, GA 30030
City/State and Zip Code

obie.bryant@bryantsafetysecurity.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

For further information concerning this matter, please call:

Obie Bryant Jr at (404) 537-2856
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. Bryant Safety and Security Solutions, 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. Georgia/ United States of America (Jurisdiction under the law of which foreign limited liability company is organized)
3. 45-5340506 (FEI number, if applicable)

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

5. 755 Commerce Drive, Ste 615 (Street Address of Principal Office)
6. 755 Commerce Drive, Ste 615 (Mailing Address)

Decatur, GA 30030

Decatur, GA 30030

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

Name: Bryant, Obie Jr

Office Address: 949 33rd Street

West Palm Beach, Florida 33407
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

Obie Bryant Jr
(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: Obie Bryant, Jr	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1133 Commerce Dr.	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Apt 405	<input type="checkbox"/> Authorized	_____
Person	Decatur, GA 30030	Person	_____
<input checked="" type="checkbox"/> Other ^{President}	<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 _____

STATE OF FLORIDA
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
 2020 AUG -6 PM 3:26
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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.

Obie Bryant Jr
 Signature of an authorized person

Obie Bryant Jr
 Typed or printed name of signer

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

BRYANT SAFETY AND SECURITY SOLUTIONS, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

FILED
2020 AUG 16 PM 3:22
STATE OF GEORGIA
CORPORATION DIVISION

Docket Number : 19474380
Date Inc/Auth/Filed: 09/16/2012
Jurisdiction : Georgia
Print Date : 08/04/2020
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State