

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010300112
Phone : (302) 575-0875
Fax Number : (302) 575-1642

2020 OCT -1 PM 4: 33 ***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
VETERANS COURTESY PATROL & SECURITY
CONSULTANTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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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. VETERANS COURTESY PATROL & SECURITY CONSULTANTS LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. UPON QUALIFICATION

(Date first transacted business in Florida, if prior to registration)

(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 250 International Parkway

(Street Address of Principal Office)

6. 250 International Parkway

(Mailing Address)

Suite 134

Suite 134

Heathrow, FL 32746

Heathrow, FL 32746

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

Name: Kahleel Woolcock

Office Address: 250 International Parkway

Heathrow

(City)

, Florida

32746

(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.

K. Woolcock

(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]:

Title or Capacity:Name and Address:☒ ManagerName: Kanicee Woolcock☒ MemberAddress: 3836 Arborvitae Way☒ AuthorizedDeland, FL 32724

Person _____

☒ Other President☐ Other _____☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person _____

☐ Other _____☐ Other _____☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person _____

☐ Other _____☐ Other _____Title or Capacity:Name and Address:☒ ManagerName: Courtney Howell☒ MemberAddress: 337 Huntington Drive☒ AuthorizedDeland, FL 32724

Person _____

☒ Other Vice President☐ Other _____☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person _____

☐ Other _____☐ Other _____☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person _____

☐ Other _____☐ 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.

K. Woolcock

Signature of an authorized person.

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "VETERANS COURTESY PATROL & SECURITY
CONSULTANTS 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 FOURTH DAY OF
SEPTEMBER, A.D. 2020.



3586766 8300

SR# 20207086355

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203501549

Date: 09-04-20