

M 20000010644

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000400670 3)))



H200004006703ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I2016000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

2020 NOV 19 PM 3:34
TALLAHASSEE, FLORIDA

****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
BARRIER1 SYSTEMS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

RECEIVED

2020 NOV 19 PM 3:54

YS
11/20/20



**CONSENT OF
BARRIER1 SYSTEMS, INC.
TO USE OF NAME**

The undersigned hereby unconditionally consents to the use of the name "Barrier1 Systems, LLC" to be used by Barrier1 Systems, LLC, a Delaware limited liability company, in connection with its Application for Authorization to Transact Business in Florida.

The undersigned hereby acknowledges that a copy of this Consent may be forwarded to the Secretary of State of the State of Florida for filing.

Dated the 11th day of November 2020.

BARRIER1 SYSTEMS, INC.,
a North Carolina corporation

By: 

Michael J. Lamore

2020 NOV 19 PM 3:34
FALL HAVEN, NC, USA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Barrier1 Systems, 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:

Name of Person

Capitol Services - Corporate Filings Team

Firm/Company

515 East Park Avenue 2nd Fl

Address

Tallahassee, FL 32301

City/State and Zip Code

hhubbard@valescoind.com

E-mail address: (to be used for future annual report notification)

IMPORTANT: The email address entered here will be utilized for future annual report notifications and possibly other NOTIFICATIONS from the STATE to the entity!

For further information concerning this matter, please call:

Name of Contact Person at (**855**) **498 - 5500**
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. Barrier1 Systems, 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. Delaware

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

3. 85-3580981

(FEI number, if applicable)

4. October 16, 2020

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

5. 325 North St. Paul Street, Ste. 3700

(Street Address of Principal Office)

Dallas, TX 75201

6. 325 North St. Paul Street, Ste. 3700

(Mailing Address)

Dallas, TX 75201

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

Name: **Capitol Corporate Services, Inc.**

Office Address: **515 East Park Avenue 2nd Fl**

Tallahassee

(City)

, Florida **32301**

(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.

Kim Tadlock

**Kim Tadlock, as Asst. Secretary on behalf
of Capitol Corporate Services, Inc.**

(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:**

☐ Manager Name: Heather A. Hubbard

☐ Member Address: 325 North St. Paul St.

☐ Authorized Suite 3700

 Person Dallas, TX 75201

☒ Other President ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Daniel H. Moore

☐ Member Address: 325 North St. Paul St.

☐ Authorized Suite 3700

 Person Dallas, TX 75201

☒ Other Vice President ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person _____

☐ Other _____ ☐ 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.

✓  _____
Signature of an authorized person

Heather Hubbard, President

Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BARRIER1 SYSTEMS, 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 TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BARRIER1 SYSTEMS, LLC" WAS FORMED ON THE SIXTEENTH DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2020 NOV 19 PM 3:34
J. W. BULLOCK, SECRETARY OF STATE



3908558 8300

SR# 20208089489

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 in a small font.

Authentication: 203959197

Date: 10-28-20

H20000400670 :