

M21000001969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

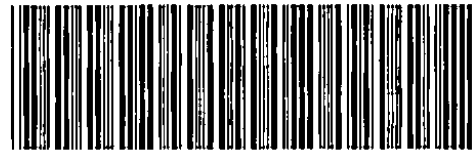
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12/18/30--01015--027

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Safetynet Transport Company LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida Existence, and check are submitted to register the above referenced foreign limited liability company to transact bus

Please return all correspondence concerning this matter to the following:

Raeshawn Potts
Name of Person

Firm/Company

3033 Timothy Ave # B
Address

Auburndale, FL 33823
City/State and Zip Code

safetynetcompany2@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raeshawn Potts at (407) 669-9661
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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee &
Certificate of Status Certified Copy of Status & Cer

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT
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. Safetynet Transport Company LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(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 "L.L.C.")

2. Gulfport, MS 39507
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. 3033 Timothy Ave
(Street Address of Principal Office)

6. 3033 Timothy I
(Mailing Address)

B

B

Auburndale, FL 33023

Auburndale, FL

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

Name: Shameka Dawson
~~Brenda Dawson~~

Office Address: 405 S East Ave

Bartow FL

(City)

Florida 33830

(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, designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I, to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fully and accept the obligations of my position as registered agent.

S Dawson

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons who 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: <u>Raeshawn Potts</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>810 E 1st St</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Apt. C</u> <u>Lakeland, FL 33805</u>	<input type="checkbox"/> Authorized 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 Person	_____ _____	<input type="checkbox"/> Authorized 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 Person	_____ _____	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes and 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 under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate 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.

Raeshawn Potts
Signature of an authorized person

Raeshawn Potts
Typed or printed name of signee



Michael Watson
SECRETARY OF STATE

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

SAFETYNET TRANSPORT COMPANY LLC

Registered the 23rd day of January, 2019

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

1110 Cowan Rd , Ste B 1039
Gulfport, MS 39507

And that the registered agent at that address is:

Shameka Dawson

I further certify that said Limited Liability Company has paid the fees for filing the at papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 13th day of November, 2020

Certificate Number: CN20091414

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2020

RAESHAWN POTTS
3033 TIMOTHY AVE #B
AUBURNDALE, FL 33823 US

SUBJECT: SAFETYNET TRANSPORT COMPANY LLC
Ref. Number: W20000146658

We have received your document for SAFETYNET TRANSPORT COMPANY LLC and your check(s) totaling \$130.00. 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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 120A00026242

RECEIVE
FEB 15 2021