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(Requestor's Name) (Address) (Address)	400364908254			
(City/State/Zip/Phone #)	05./03./2101027007 ★★125.0			
Certified Copies Certificates of Status Special Instructions to Filing Officer:	2021 JUN - 9 PH 7: 41			

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COVER LETTER

TO; **Registration Section Division of Corporations**

United Security Forces LLC

SUBJECT:

-

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:

	Donald Lawrence				
•		Name of Person			·
	United Security Forces LLC				
		Firm/Company			
	14947 Spriggs Tree Lu				
		Address	. ·	2021	
	Woodbridge, VA 22193			HUL	
	_ 	City/State and Zip Code		 9	
	dlawrence@usforces.co			PH	
N *	E-mail addres	s: (to be used for future annual report notification)	- - Th:	ትቲ	2
For further	information concerning this matter, p	lease call:			
De	mald Lawrence	703 6272168			

Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Fallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & Certified Copy

Certificate of Status

□ \$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 6/5/902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

United Security Forces LLC

(Name of Foreign	Limited Liability Company, must include "Limited	Liability	Company," "L.L.C.," or "LLC ")	I			
USF SEC LLC	name adopted for the purpose of transacting business in Fk			1.15.0		<u>C = = =</u> I C	
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fk	vrida The a		rapanth Comb	any, 1.1.	C, OF 1.1.C.	
Virginia		2	82-2411387 3				
2 (Jurisdiction under the law of w	hich foreign limited hability company is organized)	5.	(អី៩) ឈា	ber, if applica	ble)		
4.							
•••••••••••••••••••••••••••••••••••••••	(Date first transacted business in Florida, if prior to 1 (See sections 605 0904 & 605.0905, F.S. to determine	egistration ne penalty) iability)				
14947 Sprious Tree Lu			14947 Spriggs Tree Ln (Mailing Address)				
5. 6. (Mailing Addr			(Mailing Address)				
Woodbridge, VA 2219	3		Woodbridge, VA 22193	₹ ₹2 [°] m	2021		
	·	-		1	NUL 1202		
		-			-6-	-141-8210 3	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> a	cceptable)		PM 7፡		
Name:	Corporate Creations Network Inc.			r.			
	801 US Highway I						
Office Address:							
	North Palm Beach		33408 . Florida				
	(City)		(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.

(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons a	uthorized to
manage [up to six (6) total]:	

Title or Capacity:	Name and Address:	Title or Capacity	<u>v:</u>	Name and Address:
Manager	Name:	□Manager	Name:	
EMember	Address:	Member	Address:	
□Authorized	Woodbridge, VA 22193	Authorized	<u>_</u>	
Person		Person		
Other	Other	□Other	<u> </u>	00ther
□∭Manager	Name:	□Manager	Name:	
□Member	Address:	Member	Address:	· · · · · · · · · · · · · · · · · · ·
Authorized		Authorized		
Person		Person		
DOther	Other	□Other		
□Manager	Name:	□Manager	Name:	
Member	Address:	Member	Address:	
□Authorized	<u></u>			<u>ب</u> جر
Person		Person		
□Other		Other		D0ther

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.

	Dul	
	Signature of an authorized person	
Donald Lawrence		
	Typed or printed name of signee	· • •

Commondealth & Hirginia



State Corporation Commission

CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That UNITED Security Forces, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the limited liability company was formed on August 10, 2017: and

That the limited liability company is in existence in the Commonwealth of Virging as of the date set forth below.

Nolhing more is hereby certified.



Signed and Sealed at Richmond on this Date:

April 4. 2021

Bernard J. Logan, Clerk of the Commission

202



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 22, 2021

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DONALD LAWRENCE 14947 SPRIGGS TREE LN WOODBRIDGE, VA 22193 US

SUBJECT: UNITED SECURITY FORCES LLC Ref. Number: W21000074287

We have received your document for UNITED SECURITY FORCES 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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: 721A00010964

RECEIVED

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314