

ma1000008000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000368717540

06/24/21--01025--016 **125.00

FILED
21 JUN 24 PM 6:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

7/20/21



Incident Management Simplified

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

To whom it may concern,

Please find attached the following to register IncidentClear, LLC (a Delaware LLC) to do business in Florida:

- Check for \$125 payable to the Florida Department of State
- Certificate of Good Standing from Delaware for IncidentClear, LLC
- Application by Foreign LLC for Authorization in Florida

Please contact myself, Ryan Davids, at rdavids@incidentclear.com if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Ryan Davids".

Ryan Davids

Managing Member

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IncidentClear, 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:

Ryan Davids

Name of Person

IncidentClear, LLC

Firm/Company

6340 W 56th Avenue, Unit 8

Address

Arvada, CO 80002

City/State and Zip Code

rdavids@incidentclear.com

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

For further information concerning this matter, please call:

Ryan Davids

219

895-6563

Name of Contact Person

at (_____) _____

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**

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. IncidentClear, 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 46-5536890
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 6/24/2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6340 W 56th Avenue PO BOX 100
(Street Address of Principal Office) (Mailing Address)
Unit 8 Saint John, IN 46373
Arvada, CO 80002


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

Name: Ryan Davids
Office Address: 4331 Bay Beach Lane, Unit 253
Fort Myers Beach, Florida 33931
(City) (Zip code)

FILED
21 JUN 24 PM 6 09
CLERK OF STATE
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.


(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: Ryan Davids

☒ Member Address: 6340 W 56th Avenue

☐ Authorized Unit 8

Person Arvada, CO 80002

☐ Other _____ ☐ Other _____

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

☐ Manager Name: George Bergeron

☒ Member Address: 6340 W 56th Avenue

☐ Authorized Unit 8

Person Arvada, CO 80002

☐ 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 _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

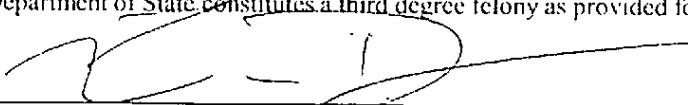
Person _____

☐ 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

Ryan Davids

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "INCIDENTCLEAR 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 FEBRUARY, A.D. 2021.

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



Jeffrey W. Bullock, Secretary of State

3524132 8300

SR# 20210331877

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

Authentication: 202441154

Date: 02-04-21