

## Florida Department of State

Division of Corporations  
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## To:

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

## From:

Account Name : API PROCESSING  
Account Number : I20110000069  
Phone : (954)567-0013  
Fax Number : (954)567-3401

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: kathy@apiprocessing.com

## Foreign Limited Liability Company

All Security Co, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$125.00 |

2021 SEP 15 AM 9:54

TALLAHASSEE, FLORIDA

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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. All Security Co, 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. Massachusetts  
(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. 771 Kempton Street  
(Street Address of Principal Office)

6. 771 Kempton Street  
(Mailing Address)

New Bedford, MA 02062

New Bedford, MA 02062

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

Name: API Processing - Licensing, Inc.

Office Address: 3419 Galt Ocean Drive, Suite A

Fort Lauderdale, Florida 33308  
(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.

Kelly Galt  
(Registered agent's signature)

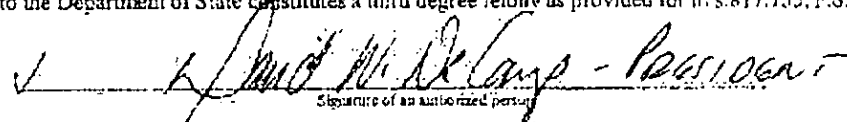
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized manage (up to six (6) total):

| <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: David DeCamp             | <input checked="" type="checkbox"/> Manager | Name: Jeffrey Gardner          |
| <input type="checkbox"/> Member             | Address: 771 Kempton Street    | <input type="checkbox"/> Member             | Address: 771 Kempton Street    |
| <input type="checkbox"/> Authorized         | New Bedford, MA 02062          | <input type="checkbox"/> Authorized         | New Bedford, MA 02062          |
| Person                                      |                                | 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         |                                | <input type="checkbox"/> Authorized         |                                |
| Person                                      |                                | 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         |                                | <input type="checkbox"/> Authorized         |                                |
| Person                                      |                                | 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 only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

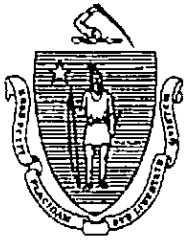
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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

David DeCamp

Typed or printed name of signer



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

September 3, 2021

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

**ALL SECURITY CO, LLC**

in accordance with the provisions of Massachusetts General Laws Chapter 156C on April 19, 2018.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are:  
**JEFFREY GARDNER, LEO F. MARTIN JR., DAVID DECAMP**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **JEFFREY GARDNER, LEO F. MARTIN JR., DAVID DECAMP, THERESA L. SOUSA ESQ.**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **DAVID DECAMP**

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

A handwritten signature in cursive script that reads "William Francis Galvin".

Secretary of the Commonwealth

