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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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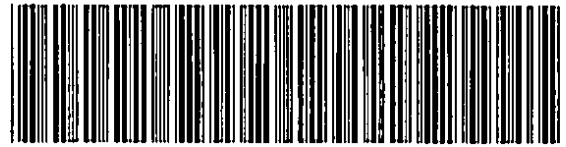
(Business Entity Name)

(Document Number)

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S. HAWKES
DEC 17 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GREEN SECURITY, 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:

DELAINIE FITZGIBBONS

Name of Person

GREEN SECURITY, LLC

Firm/Company

950 A UNION ROAD SUITE 422

Address

WEST SENECA, NEW YORK 14224

City/State and Zip Code

delainief@greensecurityllc.com

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

For further information concerning this matter, please call:

DELAINIE FITZGIBBONS

Name of Contact Person

at (866) 750-3373

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 &

Certificate of Status

☐ \$155.00 Filing Fee &

Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

COVER LETTER

**TO: Registration Section
Division of Corporations**

Green Security, 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:

Delaine Fitzgibbons

Name of Person

Green Security, LLC

Firm/Company

950A Union Rd., Suite 422

Address

West Seneca, NY 14224

City/State and Zip Code

delamiet@greensecurityllc.com

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

For further information concerning this matter, please call:

Delaine Fitzgibbons

716

796-8272

at _____

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:

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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. Green Security, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

Green Security FL, 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. New York 46-3287732
(Jurisdiction under the law of which foreign limited liability company is organized) (F.E.I. number, if applicable)

4. 12-1-2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 950A Union Rd., Suite 422 950A Union Rd., Suite 422
(Street Address of Principal Office) (Mailing Address)

West Seneca, NY 14224

West Seneca, NY 14224

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

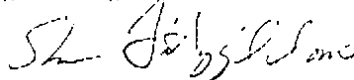
Name: Shawn Fitzgibbons

Office Address: 19710 Gulf Blvd. Unit 504

Indian Shores 33785
(City) Florida (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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OF FLORIDA

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: Shawn Fitzgibbons

☐ Member Address: 950A Union Rd.

☐ Authorized Suite 422

West Seneca, NY 14224

Person

☐ Other ☐ Other

Title or Capacity: Name and Address:

☒ Manager Name: Loralee Fitzgibbons

☐ Member Address: 950A Union Rd.

☐ Authorized Suite 422

West Seneca, NY 14224

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

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

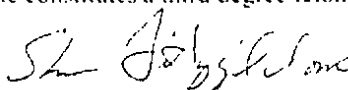
Person

☐ 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

Shawn Fitzgibbons

Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, BRENDAN C. HUGHES, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: GREEN SECURITY, LLC
DOS ID Number: 4422962
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 06/26/2013

Statement Status: PAST DUE DATE
Statement Due Date: 06/30/2015

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on December 03, 2021 at 12:55 P.M.

BRENDAN C. HUGHES, Acting Secretary of State

Brandon C. Hughes