M230001405

(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.					

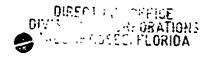
Office Use Only



200390253152

RECEIVED

2023 FEB _ I PM 4: 51



S. FRANKLIN FEB 0 2 2023 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 424680 8291381

AUTHORIZATION

COST LIMIT CONTRACTOR OF THE CONTRACTOR

ORDER DATE : February 1, 2023

ORDER TIME : 10:34 AM

ORDER NO. : 424680-005

CUSTOMER NO: 8291381

FOREIGN_FILINGS

NAME: SECURED GLOBAL, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

.-

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: _	Secured Global,	LLC				
	Name of Limited Liability Company					
	Application by Foreign Limited Liabilit check are submitted to register the above					
Please return a	Il correspondence concerning this matte	er to the following:				
	Victoria Jave					
		Name of Person		 \		
RMWBH						
Firm/Company						
2800 Post Oak Blvd., 57th Floor						
	Address					
Houston, Texas 77056						
		City/State and Zip Code		-		
	harold.king@lifting.com					
	E-mail address: (to	be used for future annual re	eport notification)	<u></u>		
For further info	ormation concerning this matter, please of	call:				
Victo	ria Jave	281 at ()	671-7497			
	Name of Contact Person	Area Code	Daytime Telephone Number	_		
	ng Address: Stration Section	Street Address: Registration Sec	tion			
Division of Corporations		_	Division of Corporations			
P.O. Box 6327		-	The Centre of Tallahassee			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Please	sed is a check for the following amount: make check payable to: FLORIDA DI 25.00 Filing Fee	EPARTMENT OF STATE	g Fee & 🔲 \$160.00 Filing Fee			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSI IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED I. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in	Florida. The ali	ternate name must include "Limited Liability (Company," "L L C," or "LL
Delaware		2		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	ے. ۔	(FEI number, if ap	pplicable)
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905, F.S. to deter	to registration) mine penalty lia	ability)	•
125 McCarty Street		1	25 McCarty Street	<u> </u>
reet Address of Principal Office)		6	25 McCarty Street (Mailing Address)	· · · · · · · · · · · · · · · · · · ·
Houston, Texas 77029		ŀ	louston, Texas 77029	
		-		
		_		
				c
Name and street addres	s of Florida registered agent: (P.O. Bo	ox <u>NOT</u> ac	ceptable)	
Name:	Corporation Service Company			
Office Address:	1201 Hays Street			
	Tallahassee		32301 Florida	
	tCite)		(Zip code)	

(Registered agent's signature)

Assistant Vice President

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons author manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Addres Name: Harold King Name: Jeffrey Martini **■**Manager ■Manager 125 McCarty Street Address: _____ □Member □Member Houston, Texas 77029 Houston, Texas 77029 □ Authorized ☐ Authorized Person Person ■Other Secretary Other____ □Other Name: ___ Robert Vidinha Name: Allan Dragone Jr **■**Manager □Manager Address: 125 McCarty Street Address: 125 McCarty Street □Member ☐ Member Houston, Texas 77029 Houston, Texas 77029 ☐ Authorized Authorized Person Person ■Other____ ■Other Chief Accounting □Other____ □Other ____ Name: _____ □Manager □Manager □Member Address: Address: □ Member ☐ Authorized ☐ Authorized Person Person □Other □Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. No 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 1 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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 informati submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Jeffres Zartim (Jan 30, 2023 17:06 CST) Signature of an authorized person

Typed or printed name of signee

Jeffrey Martini

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SECURED GLOBAL, 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 NINETEENTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SECURED GLOBAL,

LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JANUARY, A.D. 2023.

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

Authentication: 202531657

Date: 01-19-23