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Office Use Only

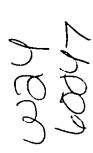


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COVER LETTER

| TO: | | ation Section of Corporations | |
|---------|--------------|--|---|
| CHDI | | conquerable Security Solutions PLLC | |
| SUBJE | EC1 | Name | of Limited Liability Company |
| The en- | closed "Ap | oplication by Foreign Limited Liability C eck are submitted to register the above r | Company for Authorization to Transact Business in Florida," Certificate o eferenced foreign limited liability company to transact business in Florida |
| Please | return all o | correspondence concerning this matter to | the following: |
| | | | John H. Griffin, Jr. |
| | | | Name of Person |
| | | Unconquer | rable Security Solutions LLC |
| | | | Firm/Company |
| | | 34 S | ilo Ridge Road North |
| | | | Address |
| | | Oria | nd Park, Illinois 60467 |
| | | Ci | ty/State and Zip Code |
| | | | riffinjr@usspllc.com |
| | _ | E-mail address: (to be | used for future annual report notification) |
| For fur | ther inform | nation concerning this matter, please call | l: |
| | | John H. Griffin, Jr. | 773 447 - 8125 |
| | <u> </u> | Name of Contact Person | Area Code Daytime Telephone Number |
| | Mailing | Address: | Street Address: |
| | Registr | ation Section | Registration Section |
| | | on of Corporations | Division of Corporations |
| | | ox 6327 | The Centre of Tallahassee |
| | Tallaha | assee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| | Please n | d is a check for the following amount: nake check payable to: FLORIDA DEP. 00 Filing Fee | & 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate |



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 16, 2024

JOHN H GRIFFIN JR 34 SILO RIDGE RD N ORLAND PARK, IL 60467

SUBJECT: UNCONQUERABLE SECURITY SOLUTIONS PLLC

Ref. Number: W24000060047

We have received your document for UNCONQUERABLE SECURITY SOLUTIONS PLLC 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 of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 124A00008216

RECEIVED

MAY 1 5 2024

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:

| name unavailable, enter alternate | name adopted for the purpose of transacting business in Flor | nos. The antimate many most menute timin | ed Listotitty Company, L.L.C. | or "LLC. |
|-----------------------------------|--|--|-------------------------------|---|
| Illinois | | 93-4268773 3. | | |
| (Jurisdiction under the law of w | which foreign limited liability company is organized) | J. (FEI) | number, if applicable) | |
| | | | | |
| | (Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine | gistration.) e penalty liability) | | |
| 2445 West 71st Street | | 2445 West 71st Street | | |
| et Address of Principal Office) | | 6. (Mailing Address) | - , | |
| Chicago, IL 60629 | | Chicago, IL 60629 | | |
| _ | | Ceugo, 115 00025 | | |
| | | | | — 0 |
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| | | | | |
| Name and street addres | ss of Florida registered agent: (P.O. Box | | | — — — |
| Name and street addre | | | | <u> </u> |
| Name and street address Name: | ss of Florida registered agent: (P.O. Box Corporation Service Company | | | |
| , | | | | |
| , | Corporation Service Company | | | T F F F F F F F F F F F F F F F F F F F |
| Name: | Corporation Service Company | | N 4:2 | |

(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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Denitra D. Griffin Name: _ John H. Griffin, Jr. ■ Manager ■Manager Address: 2445 West 71st Street Address: 2445 West 71st Street **■** Member ■ Member Chicago, IL 60629 Chicago, IL 60629 □ Authorized ☐ Authorized Person Person □ Other _____ □Other __ ☐Other_____ □Other □Manager Name: ______ ☐ Manager Name: _____ □Member Address: _____ □Member Address: ☐ Authorized ☐ Authorized Person Person Other____ □Other_____ Other Other Name: _____ Name: □Manager □Manager □Member Address: ☐ Member Address: ☐ Authorized ☐ Authorized Person Person □Other_____ Other____ □Other □Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

John H. Griffin, Jr., Manager

Typed or printed name of signee

File Number

1395644-8



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

Department of Business Services. I certify that

UNCONQUERABLE SECURITY SOLUTIONS PLLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 01, 2023, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD

day of

MAY

A.D.

2024

Authentication #: 2412403004 verifiable until 05/03/2025

Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE