M24000006537

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nam	e)
(Ďc	ocument Number)	_
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
W24-760	اما	

Office Use Only



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MAY 23 2024

K. Brumbley



May 17, 2024

SUNSHINE

CORRECTED
Please Allow For
Same File Date

SUBJECT: ALARMS INTERNATIONAL, LLC

Ref. Number: W24000076061

We have received your document for ALARMS INTERNATIONAL, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name 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.

The document number of the name conflict is N07000011622.

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 ca (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 024A00010901

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 05/16/2024	<i>⇔WALK 1</i>				
NTITY NAME Alarms International, LLC					
DOCUMENT NUMBER_					
	PLEASE FILE THE ATTACHED AND RETURN				
<u>xxxxxxxx</u>	Plain Copy Certified Copy Certificate of Status				
**	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments				
	Certificate of Good Standing				
	APOSTILLE' / NOTARIAL CERTIFICATION				
COUNTRY OF DESTINA NUMBER OF CERTIFICA					
TOTAL OWED \$125	ACCOUNT #: 120160000072				
Please call Tina at i	the above number for any issues or concerns. Thank you so much!				

COVER LETTER

TO:	Registration Section Division of Corporations	
	Alarms International, LLC	
SUBJE		Limited Liability Company
The en- Exister	closed "Application by Foreign Limited Liability Corce, and check are submitted to register the above refe	npany for Authorization to Transact Business in Florida." Certificate of crenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning this matter to the	ne following:
	Brad C	
		Name of Person
	Harbor Compliance	
	_/	Firm/Company
	1830 Colonial Village	Lane
		Address
	Harbor Compliance Firm/Company 1830 Colonial Village Lane Address Lancaster, PA 17601 City/State and Zip Code Info@pandoracaralarms.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Brad C Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Street, Suite 810 Tallahassee, FL 32303	
	-	Name of Limited Liability Company by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of bmitted to register the above referenced foreign limited liability company to transact business in Florida. Hence concerning this matter to the following: C Name of Person Or Compliance Firm/Company O Colonial Village Lane Address Caster, PA 17601 City/State and Zip Code Opandoracaralarms.com E-mail address: (to be used for future annual report notification) Interning this matter, please call: at (717 210-5263 Daytime Telephone Number) Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Sek for the following amount: Expayable to: FLORIDA DEPARTMENT OF STATE
	- '	
	E-mail address: (to be us	ed for future annual report notification)
For fur	ther information concerning this matter, please call:	
	Brad C	717 210-5263
	Name of Contact Person	Area Code Daytime Telephone Number
	Registration Section Division of Corporations P.O. Box 6327	Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	\$125.00 Filing Fee □ \$130.00 Filing Fee &	E ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate

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

IN COMPLANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liability	Company," "L.L.C," or "LLC,")
Delaware		3(FEI number, if a	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(ri;i number, il a	ppticanic)
5/15/2024			
	(Date first transacted business in Florida, if prior to ri (See sections 605,0904 & 605,0905, F.S. to determin	gistration.) e penalty hability)	-
Summerhouse Lane Unit 12 Street Address of Principal Office)		6. Summerhouse Lane Unit 12	
reet Address of Principal Office)	· · · · · · · · · · · · · · · · · · ·	(Mailing Address)	
Uxbridge, B	90 1UD	Uxbridge, B90 1UD	·
United Kingdor	n	United Kingdom	202
			Ž.
. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)			-: .
			ο ₁
Name:	Registered Agents Inc		<u>:: </u>
	7004 44 04 1) 075 000		
Office Address:	7901 4th St N STE 300	·	56
	St. Petersburg	. Florida 33702	
	ICity)	(Zip code)	-
egistered agent's accep	stance.		

(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: Name and Address: Title or Capacity: Title or Capacity: Name: Sarah Hayes Name: Antony Noto □Manager □Manager Summerhouse Lane Unit 12 Address: Summerhouse Lane Unit 12 Member Address: ☑Member Uxbridge, B90 1UD Uxbridge, B90 1UD □ Authorized □ Authorized United Kingdom United Kingdom Person Person □Other ____ □Other □Other_____ □Other__ Name: Ricky Sargusingh □ Manager □Manager Summerhouse Lane Unit 12 □Member ✓Member Address: Uxbridge, B90 1UD □ Authorized □ Authorized United Kingdom Person Person □Other____ □Other_____ Other_ □ Other_____ Name: ____ □ Manager Name: _____ □Manager Address: Address: ☐ Member □Member □ 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. /s/ Anthony Noto Signature of an authorized person **Antony Noto**

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ALARMS INTERNATIONAL, 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 THIRTEENTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALARMS

INTERNATIONAL, LLC" WAS FORMED ON THE TENTH DAY OF MAY, A.D. 2024.

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

SECTION OF THE PARTY OF THE PAR

Authentication: 203462934

Date: 05-13-24

3645752 8300 SR# 20242082374