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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

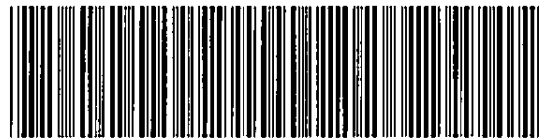
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SECRET

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Buford Security Agency 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:

Sherman Buford
Name of Person

Buford Security Agency LLC
Firm Company

9164 Eastchase Parkway STE 143
Address

Montgomery, AL 36117
City/State and Zip Code

CEO@BufordSecurity.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mollie Hamilton 205 963-3917
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:
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 & ☒ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Butford Security Agency LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. _____ 83-2282545
(Jurisdiction under the law of which foreign limited liability company is organized) 3. _____ (FLL number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration; otherwise, enter date of registration to determine penalty liability)

5. 15673 Southern Blvd STE 107-160 15673 Southern Blvd STE 107-160
(Street Address of Principal Office) (Mailing Address)
Loxahatchee Groves, FL 33470-921 Loxahatchee Groves, FL 33470-921

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

Name Sherman Butford

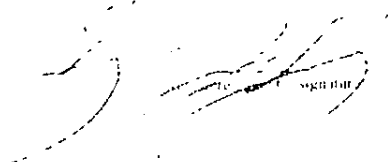
Office Address 15673 Southern Blvd STE 107-160

Loxahatchee Groves

Florida 33470-921
(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.


Signature

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STATE
LOXAHATCHEE, FL

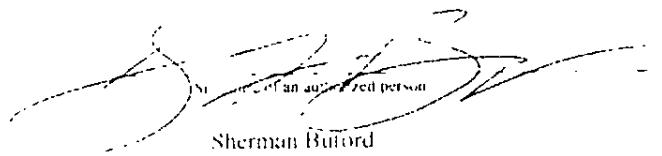
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name	Sherman Buford		<input type="checkbox"/> Manager	Name:	Mollie Hamilton	
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input checked="" type="checkbox"/> Authorized		9164 Eastchase Parkway STE 143		<input checked="" type="checkbox"/> Authorized		9164 Eastchase Parkway STE 143	
Person		Montgomery, AL 36117		Person		Montgomery, AL 36117	
<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.



 Sherman Buford
 (typed or printed name of signer)

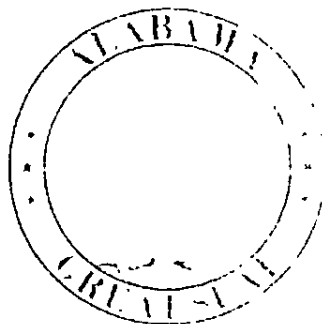
Wes Allen
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, Wes Allen, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Buford Security Agency LLC
was formed in Lee County on October 9, 2018. The Alabama Entity Identification
number for this entity is 000-532-174. I further certify that the records do not
disclose that said entity has been dissolved, cancelled or terminated.



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**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

05/22/2024

Date

A handwritten signature in black ink, appearing to read "Wes Allen", is written over a horizontal line.

Wes Allen

Secretary of State