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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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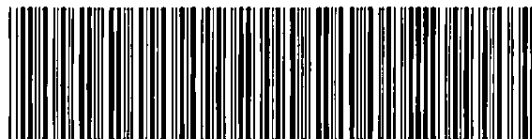
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

JUN - 3 2024

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Safety Research Corporation of America, L.L.C.  
\_\_\_\_\_

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:

Jessica Daniels  
\_\_\_\_\_

Name of Person

Safety Research Corporation of America, L.L.C.  
\_\_\_\_\_

Firm/Company

133 Research Lane  
\_\_\_\_\_

Address

Dothan, AL 36305  
\_\_\_\_\_

City/State and Zip Code

jdaniels@srca.net  
\_\_\_\_\_

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

For further information concerning this matter, please call:

Jessica Daniels  
\_\_\_\_\_

334 678-7722  
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:**

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

**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. Safety Research Corporation of America, L.L.C.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Alabama

(Jurisdiction under the law of which foreign limited liability company is organized)

3. N/A

(FEI number, if applicable)

4. N/A

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

5. 133 Research Lane

(Street Address of Principal Office)

Dothan, AL 36305

6. 133 Research Lane

(Mailing Address)

Dothan, AL 36305

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

Name: Robert Rendzio

Office Address: 11 Beachside Drive, Unit 1222

Santa Rosa Beach

(City)

Florida

32459

(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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CLERK OF DISTRICT COURT  
TALLAHASSEE, 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: Robert Rendzio

☐ Member Address: 133 Research Lane

☒ Authorized Dothan, AL 36305

Person \_\_\_\_\_

☒ Other CEO ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Wendy McClintock

☐ Member Address: 133 Research Lane

☒ Authorized Dothan, AL 36305

Person \_\_\_\_\_

☐ Other ☐ Other \_\_\_\_\_

☐ Manager Name: Noel Sapp

☐ Member Address: 133 Research Lane

☒ Authorized Dothan, AL 36305

Person \_\_\_\_\_

☐ Other ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other \_\_\_\_\_

☐ Manager Name: Jessica Daniels

☐ Member Address: 133 Research Lane

☒ Authorized Dothan, AL 36305

Person \_\_\_\_\_

☐ Other ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

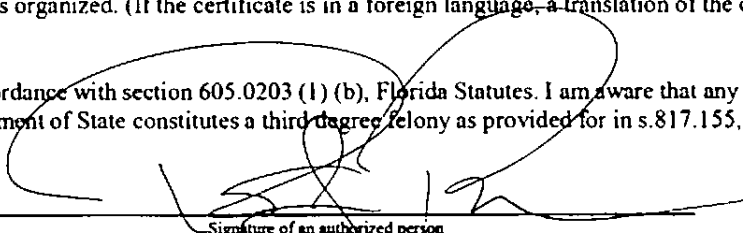
Person \_\_\_\_\_

☐ 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

Robert J Rendzio  
\_\_\_\_\_  
Typed or printed name of signer

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2024 MAY -3 PM 1:55  
TALLAHASSEE, FLORIDA

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 Safety Research Corporation of America, L.L.C. was formed in Dale County on December 31, 2009. The Alabama Entity Identification number for this entity is 000-441-656. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

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2024 MAY -3 PM 1:55  
TALLAHASSEE, FLORIDA



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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.**

05/02/2024

Date

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

Wes Allen

Secretary of State