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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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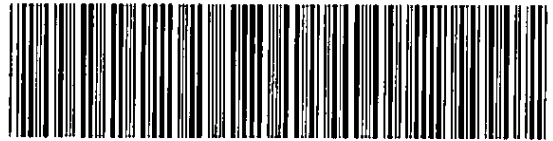
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Access Service, 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:

Jennifer Jessee/Licensing Department

Name of Person

All Access Service, LLC

Firm/Company

520 E 19th Ave

Address

North Kansas City, MO 64116

City/State and Zip Code

AllAccessLicensing@mysafehaven.com

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

For further information concerning this matter, please call:

Jennifer Jessee

Name of Contact Person

816

at (_____) _____

Area Code

249-2993

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. All Access Service, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

SH All Access Service, 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. Missouri
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-2838487
(FEI number, if applicable)

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

5. 520 E 19th AVE
(Street Address of Principal Office)

6. 520 E 19th AVE
(Mailing Address)

North Kansas City, MO

North Kansas City, MO

64116

64116

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

Name: API-Licensing, Inc.

Office Address: 3419 Galt Ocean Drive, Suite A

Ft. Lauderdale, Florida 33308
(City) (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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24 JUL 31 PM 4:12

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: Josh Browne
☒ Member Address: 520 E 19th AVE
☒ Authorized North Kansas City, MO
 64116
 Person
☐ Other _____ ☐ Other _____

☒ Manager Name: Lance Combs
☒ Member Address: 520 E 19th AVE
☐ Authorized North Kansas City, MO
 64116
 Person
☐ Other _____ ☐ Other _____

☒ Manager Name: Dean Landman
☒ Member Address: 520 E 19th AVE
☐ Authorized North Kansas City , MO
 64116
 Person
☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
☒ Manager Name: Joe King
☒ Member Address: 520 E 19th AVE
☐ Authorized North Kansas City, MO
 64116
 Person
☐ Other _____ ☐ Other _____

☒ Manager Name: Brandon Reed
☒ Member Address: 520 E 19th AVE
☐ Authorized North Kansas City , MO
 64116
 Person
☐ Other _____ ☐ Other _____

☒ Manager Name: Mark Kleeman
☒ Member Address: 520 E 19th AVE
☐ Authorized North Kansas City , MO
 64116
 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

Josh Browne

Typed or printed name of signer

Florida application for Foreign Limited Liability Company item# 8 attachment

For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manager

Title or Capacity: Name and Address:

X Manager	Name: Mike Emmons
X Member	Address: 520 E 19 th AVE
	North Kansas City, MO
	64116

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

All Access Service, LLC
LC1728900

was created under the laws of this State on the 1st day of September, 2020, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 3rd day of July, 2024.


Secretary of State



Certification Number CERT407032024-0113