

1/29/2025 11:14 AM

Division of Corporations

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## Florida Department of State

Division of Corporations

## Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : API PROCESSING  
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Phone : (954)567-0013  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: kathy@apiprocessing.com

**Foreign Limited Liability Company  
Shiver Security Systems, LLC**

Certificate of Status	0
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA2025 JAN 29 PM 5:19  
TALLAHASSEE, FLORIDA

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MS

K. SALY

JAN 30 2025

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**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:*

**SHIVER SECURITY SYSTEMS, LLC**

1. \_\_\_\_\_  
(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. This alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

**OHIO**

**31-1775777**

2. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FBI 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)

**6604 THORNBERRY COURT**

**6604 THORNBERRY COURT**

5. \_\_\_\_\_  
(Street Address of Principal Office)

6. \_\_\_\_\_  
(Mailing Address)

**MASON, OH 45040**

**MASON, OH 45040**

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

Name: **CORPORATION SERVICE COMPANY**

Office Address: **1201 HAYS STREET**

**TALLAHASSEE, FL 32301**

(City)

, Florida

(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.*

*Jessica Blackwell*

**Jessica Blackwell, Assistant Secretary**

(Registered agent's signature)

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CLERK OF DISTRICT COURT

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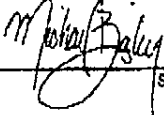
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>WAYNE LISLE</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>6604 THORNBERRY COURT</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>MASON, OH 45040</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>AMBR</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>MICHAEL BAILEY</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>6604 THORNBERRY COURT</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>MASON, OH 45040</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>AMBR</u>	<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.

  
 \_\_\_\_\_  
 Signature of an authorized person  
 MICHAEL BAILEY  
 \_\_\_\_\_  
 Typed or printed name of signer

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UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

FILED  
2025 JAN 29 PM 5:19  
RECORDS SECTION  
HALL OF RECORDS  
COLUMBUS, OHIO

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show SHIVER SECURITY SYSTEMS, LLC, an Ohio Limited Liability Company, Registration Number 1226568, was organized in the State of Ohio on May 4, 2001, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 21st day of January, A.D. 2025.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202502100876

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