



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
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Application for Certificate of Authority

FOREIGN Business Corporation

2020 AUG 20 PM 12:08 **STAMP**

→ Filing Fee: \$310.00 minimum

FOR
 SECRETARY OF STATE
 USE ONLY

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:

Huffmaster Crisis Response, Inc.

2. It is incorporated under the laws of:

MI

3. The name, if different, which it elects to use in Rhode Island is:

(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:

(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

4. The date of its incorporation is: **9/16/1996**

And the period of its duration is: **CHECK ONE BOX ONLY**

☒ Perpetual (on-going)

☐ Date certain for dissolution _____

5. The address of its principal office is:

1055 W Maple Rd., Clawson, MI 48017

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name **Registered Agent Solutions, Inc.**

Street Address (NOT a P.O. Box) **222 Jefferson Blvd. Suite 200**

City/Town **Warwick**

State **RHODE ISLAND**

Zip Code **02888**

MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 BY *du VY97D*

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Security Services

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS

Check the box to indicate an attachment ☐

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	Johnson, Greg	1055 W Maple Rd., Clawson, MI 48017
VICE PRESIDENT	Huffmaster, Ryan	1055 W Maple Rd., Clawson, MI 48017
TREASURER	Huffmaster, Ryan	1055 W Maple Rd., Clawson, MI 48017
SECRETARY	Huffmaster, Ryan	1055 W Maple Rd., Clawson, MI 48017

Check the box to indicate an attachment ☐

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
60000	COMMON		No Par Value

10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0% _____ %

11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

5% _____ %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer

Ryan Huffmaster

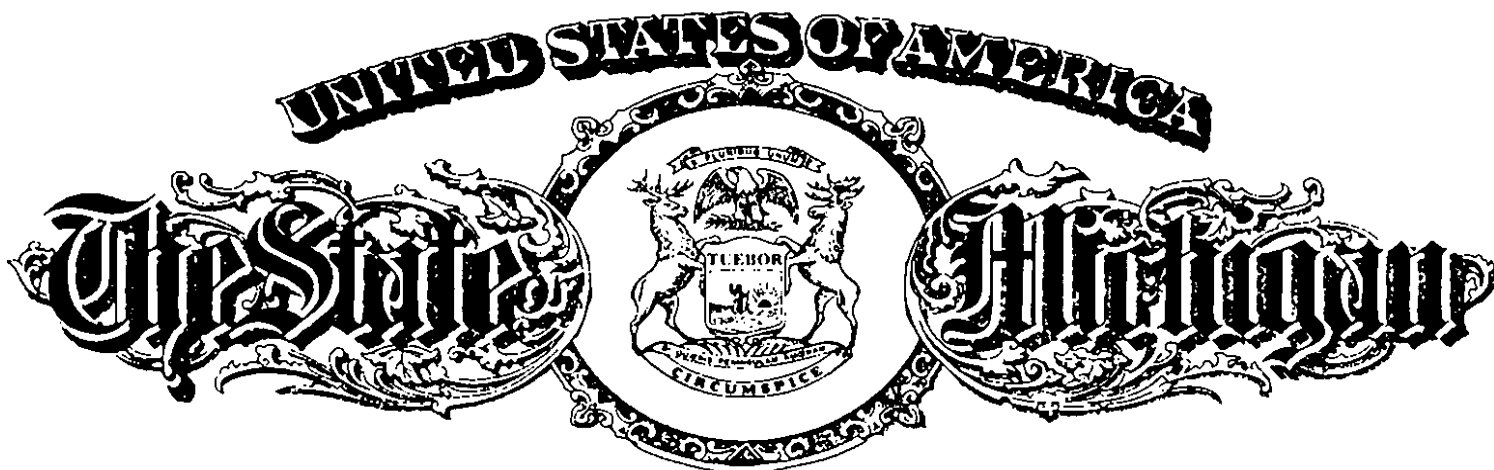
Date

8/18/2020

Signature of Authorized Officer of the Corporation



SIGN DOCUMENT HERE



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

HUFFMASTER CRISIS RESPONSE, INC.

*was validly incorporated on September 16 , 1996 as a Michigan DOMESTIC PROFIT CORPORATION,
and said corporation is validly in existence under the laws of this state.*

*This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation
is in good standing in Michigan as of this date and is duly authorized to transact business and for no other
purpose.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit
given it in every court and office within the United States.*



Sent by electronic transmission

Certificate Number: 20082760360

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 14th day of August , 2020.*

Linda Clegg

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau



State of Rhode Island

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

August 20, 2020 12:08 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea

Secretary of State

