| State of Rhode Island Fee: Office of the Secretary of State | \$150.00 | | | | |
|---|----------|--|--|--|--|
| Division Of Business Services | | | | | |
| 148 W. River Street | | | | | |
| Providence RI 02904-2615 | | | | | |
| 1636 (401) 222-3040 | | | | | |
| Foreign Limited Liability Company Application for Registration (Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended) | | | | | |
| ARTICLE I | | | | | |
| The name of the limited liability company is: Lees Security LLC | | | | | |
| Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company. | | | | | |
| ARTICLE II | | | | | |
| The name, if different, under which it proposes to register and transact business in Rhode Island is: | | | | | |
| ARTICLE III | | | | | |
| The Limited Liability Company is organized under the laws of: State: \underline{NJ} Country: \underline{USA} | | | | | |
| The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration. | | | | | |
| Later Effective Date: | | | | | |
| ARTICLE IV | | | | | |
| The date of its organization is: $3/26/2007$ | | | | | |
| ARTICLE V | | | | | |
| The period of its duration is: X Perpetual | | | | | |
| ARTICLE VI | | | | | |
| The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island: | | | | | |
| No. and Street: <u>3970 POST ROAD</u> | | | | | |
| City or Town: <u>WARWICK</u> State: RI Zip: <u>02886</u> | | | | | |
| Name: <u>SHAWN JACKSON</u> | | | | | |
| Article VII | | | | | |
| | | | | | |

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

SECURITY GUARD SERVICES

ARTICLE VIII

The Rhode Island Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

ARTICLE IX

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

| No. and Street: | <u>303 KINGS HIGHWAY</u> | | | |
|-----------------|--------------------------|------------------|-------------------|---------------------|
| | <u>SUITE 5</u> | | | |
| City or Town: | CHERRY HILL | State: <u>NJ</u> | Zip: <u>08034</u> | Country: <u>USA</u> |
| | | | | |

ARTICLE X

The mailing address for the limited liability company is:

| No. and Street: | ¹¹ <u>7251 W LAKE MEAD BLVD</u> SUITE 300 | | | | |
|----------------------------|---|---------------------|-------------------|----------|------------|
| City or Town: | LAS VEGAS | State: <u>NV</u> | Zip: <u>89128</u> | Country: | <u>USA</u> |
| | ARTICL | E XI | | | |
| The limited liabil one) | ty company is to be managed by its | s <u>X</u> Members* | orM | anagers | (check |

* If you checked to be managed by your MEMBERS (*the owners*) DO NOT complete the following section. <u>Only</u> complete the following section if you checked to be managed by MANAGERS.

The name and address of each manager:

| Title | Individual Name | Address |
|----------|-----------------------------|---|
| <u> </u> | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |

This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 4 Day of June, 2024 at 1:23:13 PM by the Authorized Person.

SHAWN JACKSON

Form No. 450 Revised 09/07

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STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

LEES SECURITY LLC 0400173349

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on March 26, 2007.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

SHAWN JACKSON 108 HAMILTON RD APT B MAPLESHADE, NJ 08052-7415

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on January 16, 2024.

OTHER

SHAWN JACKSON

P.O. BOX 212

COLLINGSWOOD, NJ 08108



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 28th day of May, 2024

Shup Mun

Elizabeth Maher Muoio State Treasurer

Certificate Number : 6153894725 Verify this certificate online at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, 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:

June 04, 2024 01:22 PM

Treg M. Coure

Gregg M. Amore Secretary of State

