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State of Rhode Island Department of State - Business Services Division

REC'D RIDOS 450 '24 JUN 6 PH12:20

Certificate of Correction

Limited Liability Company

→ Filing Fee: \$50.00

Durcuant to the	revisions of DICL 7	46.49 the condension of finished finished	u zamanamu kasaku
	ving Certificate of C	<u>-16-13</u> the undersigned limited liabilit orrection:	y company nereby
1. Entity ID Nun	nber: 2. Th	ne name of the limited liability compa	ny is:
001773750	Su	ımmit Safety, LLC	
3. The documer	nt to be corrected is:		
Foreign LLC	Application for R	Registration	
4. The name of	the individual(s) who	o signed the document being correct	ed is:
Teresa Good	i		
5. The date the 05/14/2024	document being co	rrected was originally filed on:	
6. The typograp	hical error, error of t	ranscription or other technical error,	or the defect in the execution of the document is:
ine name o	r tne manager wa	as incorrectly listed as "Donald	Meeks" and should be Donald Meeker.
7 The			Check the box to indicate an attachment
		document states as follows:	
Manager	Donald Meeke	er 2080 Broad Street Brooksville, FL 34	
			Check the box to indicate an attachment
8 As required b	v RIGI 7-16-67 the	entity has paid all fees and taxes.	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FILED

FORM 03 - Revised 12/2023

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Street Address			
a Good Trenam Law, 101 E. Kennedy Blvd., S			
State	Zip Code		
FL	33602		
Signature of Authorized Person			
	State		



State of Rhode Island **Department of State - Business Services Division**

Application for Registration FOREIGN Limited Liability Company

1. The name of	of the limited liability com	pany is:		
Su	ımmit Safety, LLC	- <u>-</u>		
•		or country of formation as a low-p		Yes No 🔽
The name, if	different, under which it p	proposes to register and transact	business in Rhode Island is:	
2. The LLC is	organized under the law	rs of : Florida		
3. The date of	f its organization is:	10/12/2011	-	
And the perio	d of its duration is: CHE	CK ONE BOX ONLY		
X Perpetus	al (on-going)			
Date cer	tain for dissolution			
4. The name	and address of the reside	ent agent/office in Rhode Island is	3:	
Agent Name	Corporate Creations	S Network, Inc.		
Street Address	ss (<u>NOT a P.O. Box)</u> 10 Dorrance Stree	et #700		
Sucer Addres		State	Zip Code 02903	
City/Town	rovidence	RHODE ISLAND	02703	
City/Town		roposes to pursue in the transact		are:
City/Town P	se or purposes which it p		ion of business in Rhode Island	are:

MAIL TO:

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

Website: www.sos.n.gov

6. The RI 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.						
7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:						
2080 Broad Street, Brooksville, FL 34604						
8. The mailing address for the limited liability company is:						
2080 Broad Street, Brooksville, FL 34604						
9. Management of the Limited Liability C	ompany: CHECK ONE BO)	CONLY				
Members (Owners) OR Manager(s). Complete the chart below. DO NOT complete the chart below.						
	MANAGER(S) NAME	ADDRESS				
	Donald Meeker	2080 Broad Street Brooksville, FL 34604				
		Check the box to indicate an attachment				
10. This application must be accompanion formation dated within 60 days of the days	ed by a <u>Certificate of Good</u> te of filing.	Standing/Letter of Status from the state or country of				
11. Date when this application for Certification	11. Date when this application for Certificate of Registration 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 Registration, including any accompanying attachments, and that all statements contained herein are true and correct.						
Type or Print Name of LLC		Date 5/14/2024				
Summit Safety, LLC	5/14/2024					
Signature of Authorized Person						
Tirisa Good						

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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 06, 2024 12:20 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

