State of Rhode Island
Department of State - Business Services Division

Certificate of Correction

Limited Liability Company

→ Filing Fee: $50.00

Pursuant to the provisions of RIGL 7-16-13 the undersigned limited liability company hereby submits the following Certificate of Correction:

1. Entity ID Number:	2. The name of the limited liability company is:
001773750	Summit Safety, LLC

3. The document to be corrected is:

Foreign LLC Application for Registration

4. The name of the individual(s) who signed the document being corrected is:

Teresa Good

5. The date the document being corrected was originally filed on:

05/14/2024

6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is:

The name of the manager was incorrectly listed as "Donald Meeks" and should be Donald Meeker.

Check the box to indicate an attachment ☐

7. The new corrected portion of the document states as follows:

Manager	Donald Meeker	2080 Broad Street Brooksville, FL 34604

Check the box to indicate an attachment ☐

8. As required by RIGL 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
JUN 06 2024
BY 30147
AA 12:20 pm

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.		
Name of Authorized Person Teresa Good	Street Address Trenam Law, 101 E. Kennedy Blvd., Ste. 2700	
City/Town Tampa	State FL	Zip Code 33602
Signature of Authorized Person Teresa Good		Date 5/21/2024

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

State of Rhode Island
Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: $150.00

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

Summit Safety, LLC

Is this company organized in its state or country of formation as a low-profit limited liability company? Yes ☐ No ☑

The name, if different, under which it proposes to register and transact business in Rhode Island is:

2. The LLC is organized under the laws of: Florida

3. The date of its organization is: 10/12/2011

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

☒ Perpetual (on-going)

☐ Date certain for dissolution _____

4. The name and address of the resident agent/office in Rhode Island is:

Agent Name: Corporate Creations Network, Inc.

Street Address (NOT a P.O. Box): 10 Dorrance Street #700

City/Town	State	Zip Code
Providence	**RHODE ISLAND**	02903

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

Sales and distribution of safety equipment, and related products and services

Check the box to indicate an attachment ☐

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FORM 450 - Revised: 12/2023

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 Company: **CHECK ONE BOX ONLY**

☐ Members (Owners) **DO NOT** complete the chart below. **OR** ☒ Manager(s). 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 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 filing.

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
Summit Safety, LLC	5/14/2024

Signature of Authorized Person

Teresa Good

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.