



**State of Rhode Island
Office of the Secretary of State**

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Certificate Request Form

Request Information

ID	ENTITY NAME	CERTIFICATE TYPE
001774763	Lees Security LLC	Certificate of Good Standing

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Shawn Jackson

Business Name:

No. and Street: 7251 W Lake Mead Blvd
Suite 300

City or Town: Las Vegas

State: NV

Zip: 89128

Country: USA

Contact Phone: ext:

Contact Email: shawnejackson@comcast.net