



State of Rhode Island
Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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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: | | |
| Safe Haven Defense US, LLC | | |
| Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 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: Delaware | | |
| 3. The date of its organization is: 5/15/2024 | | |
| And the period of its duration is: CHECK ONE BOX ONLY | | |
| <input checked="" type="checkbox"/> Perpetual (on-going) | | |
| <input type="checkbox"/> Date certain for dissolution _____ | | |
| 4. The name and address of the resident agent/office in Rhode Island is: | | |
| Agent Name Capitol Corporate Services, Inc | | |
| Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200 | | |
| City/Town Warwick | State RHODE ISLAND | Zip Code 02888 |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: | | |
| Safety and Security Laminate/Film Installation/Application for Glass/Doors/Windows | | |
| Check the box to indicate an attachment <input checked="" type="checkbox"/> | | |

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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| 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: N/A CRA Registered Agent address in section 5 | | | | | | | |
| 8. The mailing address for the limited liability company is: 22489 N. 19th Ave, Suite 100 Phoenix, AZ 85027 | | | | | | | |
| 9. Management of the Limited Liability Company: CHECK ONE BOX ONLY | | | | | | | |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> Members (Owners) DO NOT complete the chart below. </div> <div>OR</div> <div> <input checked="" type="checkbox"/> Manager(s). Complete the chart below. </div> </div> | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">MANAGER(S) NAME</th> <th style="width: 50%;">ADDRESS</th> </tr> </thead> <tbody> <tr> <td>Safe Haven Defense Midco, LLC</td> <td>22489 N. 19th Ave, Suite 100 Phoenix, AZ 85027</td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table> | MANAGER(S) NAME | ADDRESS | Safe Haven Defense Midco, LLC | 22489 N. 19th Ave, Suite 100 Phoenix, AZ 85027 | | |
| | MANAGER(S) NAME | ADDRESS | | | | | |
| | Safe Haven Defense Midco, LLC | 22489 N. 19th Ave, Suite 100 Phoenix, AZ 85027 | | | | | |
| | | | | | | | |
| | | | | | | | |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | |
| 10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> 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 | | | | | | | |
| <input checked="" type="checkbox"/> Date received (Upon filing) | | | | | | | |
| <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____ | | | | | | | |
| <i>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.</i> | | | | | | | |
| Type or Print Name of LLC Safe Haven Defense US, LLC | Date 3/19/2025 | | | | | | |
| Signature of Authorized Person Steve Johnson, President | | | | | | | |

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Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAFE HAVEN DEFENSE US, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF MARCH, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAFE HAVEN DEFENSE US, LLC" WAS FORMED ON THE FIFTEENTH DAY OF MAY, A.D. 2024.



3679218 8300

SR# 20250899476

You may verify this certificate online at corp.delaware.gov/authver.shtml

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203167445

Date: 03-14-25



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:

March 24, 2025 02:47 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

