

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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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 C 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: Delaware The date of its organization is: 5/15/202! 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 Capitol Corporate Services, Inc. Street Address (NQT a P.O. Box) 222 Jefferson Boulevard, Suite 200 City/Town State Zip Code **RHODE ISLAND** Warwick 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

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAK ¥ 4 2025

Check the box to indicate an attachment <a>

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		
Members (Owners) OR ✓ Manager(s). Complete the chart below. DO NOT complete the chart below.		
	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		
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		
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
Safe Haven Defense US, LLC		3/19/2025
Signature of Authorized Person Steve Johnson, President		

<u>Delaware</u>

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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.

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SR# 20250899476-

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

C. B. Sanchen

Charuni Petibenda-Sanchez, Secretary of State

Authentication: 203167445

Date: 03-14-25