

FO20000003936

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALARM ZONE INC
(Name of corporation - must include suffix)

400006850384--2
-08/01/02--01035--005
*****78.75 *****78.75

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DAWN Johnson

(Name of Person)

(Firm/Company)

3100 N. OCEAN BLVD SUITE 708

(Address)

FT. LAUDERDALE, FLORIDA 33308

(City/State and Zip code)

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02 AUG - AM 10:27
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

RON RONDEAU

(Name of Person)

at (514) 726-2585

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. ALARM ZONE INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. DELAWARE 3. 98-0371341
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MARCH 25th, 2002 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 5252 DE MAISONNEUVE W. SUITE 415, MONTREAL, QC, CANADA, H4A-3S5
(Principal office address)
- 5252 DE MAISONNEUVE W. SUITE 415, MONTREAL, QC, CANADA H4A-3S5
(Current mailing address)

8. ALARM CONTRACTING
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

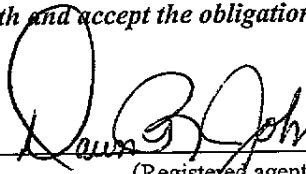
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: DAWN JOHNSON

Office Address: 3100 N. OCEAN BLVD SUITE 708
FT. LAUDERDALE, Florida 33308
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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STATE OF FLORIDA
TALLAHASSEE

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: GABRIEL HILTSE

Address: 6555 ALDEN STREET, MONTREAL, QC, CANADA H4W-3H9

Vice President: _____

Address: _____

Secretary: JACK LEVÉE

Address: 4175 ST. CATHERINE STREET W. SUITE 1704, MONTREAL, QC, CANADA H3Z-1C9

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. GABRIEL HILTSE PRESIDENT

(Typed or printed name and capacity of person signing application)

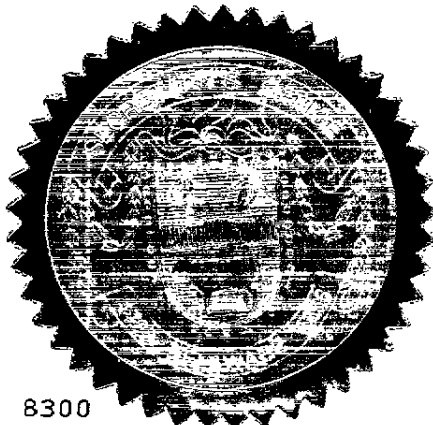
Delaware

The First State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALARM ZONE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF JULY, A.D. 2002.

FILED
02 AUG -1 AM 10:27
DELAWARE STATE
HALL
HARRISBURG



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3505960 8300

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AUTHENTICATION: 1898939

DATE: 07-23-02