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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : I20080000045
Phone : (302) 645-7400
Fax Number : (302) 645-1280

**Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

Email Address: veronica.diaz@mlssc corp.com

FOREIGN PROFIT/NONPROFIT CORPORATION
Master Lightning Security Solutions Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

12 OCT 24 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 OCT 24 PM 4:20

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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. Master Lightning Security Solutions Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 29, 2011 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon approval of this application
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10915 Las Salinas Circle, Boca Raton, FL 33428
(Principal office address)

(Current mailing address)

8. Any legal purpose
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

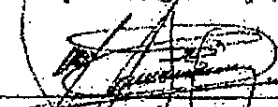
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Pedro Suarez

Office Address: 10915 Las Salinas Circle

Boca Raton, Florida 33428
(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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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Pedro Suarez

Address: 10915 Las Salinas Circle

Boca Raton, FL 33428

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Pedro Suarez, President

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

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State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

MASTER LIGHTNING SECURITY SOLUTIONS

FILE NUMBER: C3397918
 FORMATION DATE: 07/29/2011
 TYPE: DOMESTIC CORPORATION
 JURISDICTION: CALIFORNIA
 STATUS: ACTIVE (GOOD STANDING)

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I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 23, 2012.

Debra Bowen

DEBRA BOWEN
Secretary of State

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