F180000004938

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer: CORRECTIONS TO DUCUMENT PER CONVERSATION WITH CINDY HARE 10/30/2018 KS				

Office Use Only



100319734141

10/17/18--01038--025 **78.75

RECEIVED OCT 1 6 2018

FILED

18 OCT 16 PH 5: 35

SCORE STATE OF THE STATE OF TH

K. SALY OCT 3 0 ZO18

COVER LETTER

	O: Registration Section Division of Corporations					
SUBJE	CT: Automa			: DBA APS Firehous	se Alerting	
		Name o	f corporation	- must include suffix		
Dear Sir	or Madam:					
"Certific	ate of Existence		of Good Star	iding" and check are si	sact Business in Florida," ubmitted to register the	
Please re	turn all correspo	ondence concerni	ng this matter	to the following:		
Cin	idy Hare					
			Name of	Person		
A ut	tomated Protec	rtion Systems II	nc DRA AP	S Firehouse Alerting		
		MOIT OF SICHIO, III	Firm/Com			
1100) Dunings Die					
) Business Pk	wy S. Suite Z	Addre			
			, , , , , , , , , , , , , , , , , , , ,	,		
Wes	stminster MD 2	21157	City/State a	nd 7in and		
			City/State a	nd Zip code		
cindyh	n@automatedp	rotection.com	(to be used t	or future annual repor	t notification)	
		E-man address.	(to be used)	or rature annual repor	t notification)	
For furth	er information of	oncerning this ma	itter, please o	all:		
Cindy Hare at (410) 871-4841				
	Name of Person		Area Cod			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed	is a check for th	ne following amor	unt:			
570.0	0 Filing Fee	☐ \$78.75 Filing Certificate of		\$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.

	orporation; must include "INCORF forp," "Inc," "Co," or "Corp.")	OKATIJI, COMI	TANT. CORFORATION,	
APS Fireh	ouse Alerting		. <u> </u>	
(If name unavail	able in Florida, enter alternate corp	orate name adopted f	for the purpose of transacting b	usiness in Florida)
2. Maryland		3. 52-193	4192	
2. Maryland 3. 52-1934192 (State or country under the law of which it is incorporated) (FEI number, if applicable)		cable)		
4. April 26.	1995	5		
4. April 26, 1995 (Date of incorporation)			(Date of duration, if other than perpetual)	
6.				
0	(Date first transacted	d business in Florida,	if prior to registration)	
	(SEE SECTIONS 607.15	01 & 607.1502, F.S.,	to determine penalty liability)	
71100 Bus	iness Pkwy S Suite 2 Westm	ninster MD 21157	,	
		(Principal office	address)	
				≥ S 00
_	(Cı	urrent mailing addres	s, if different)	
				5 6 F
8. Name and street	et address of Florida registered a	agent: (P.O. Box 1	NOT acceptable)	PH 5: 33
N1	Desistand Assets Inc			
Name:	Registered Agents Inc			ြင့္သ
Office Address:	3030 N Rocky Point Dr Su	ite_150A		> 기가
				•
	Tampa (City)	, F	lorida <u>33607</u> (Zip code)	
	(City)		(z.ip code)	
•	ent's acceptance:			
Having been nam	sed as registered agent and to a	scept service of pro	ocess for the above stated c	orporation at the place
further agree to c	application, I hereby accept the omply with the provisions of all	ie appoiniment as i Il statutes relative t	registerea agent and agree to the proper and complete	to act in this capacity. I performance of my
duties, and I am J	familiar with and accept the ob	ligations of my pos	sition as registered agent.	polyormance of my
	P	\mathcal{H}		
_	Du	1 me		_
	(Registered agent's sig	gnature)	

10. 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.

11. Names and business addresses of officers and/or directors:	10 FD
A. DIRECTORS	007 16 pu
Chairman:	18 OCT 16 PH 5: 40
Address:	TONIOA
Vice Chairman:	
Address:	
Director:	
Address:	· · · · · · · · · · · · · · · · · · ·
Director:	
Address:	
B. OFFICERS	
President: Mark R Hare	
Address: 3650 Millers Station Rd PO Box 97	
Manchester MD 21102	
Vice President:Cindy L Hare	
Address: 3650 Millers Station Rd PO Box 97	
Manchester MD 21102	
Secretary:	
Address:	
Treasurer:	• • • • • • • • • • • • • • • • • • •
Address:	
NOTE: If necessary, you may attach an addendum to the application listing add	litional officers and/or directors.
12. Cind. & Olar e	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 ab are true and that he or she is aware that false information submitted in a docume a third degree felony as provided for in s.817.155, F.S.	ove) attirms that the facts stated herein
13 Cindy L Hare Vice President	

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

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

1 FURTHER CERTIFY THAT AUTOMATED PROTECTION SYSTEMS, INC. (D04127924), INCORPORATED APRIL 26, 1995, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL

ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION. AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 03, 2018.

Michael L. Higgs

Director



SECULIAN SECULIANS IN SECULIANS SECU

301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

> Online Certificate Authentication Code: 6iro_VSG0k6YFGi-ktXh5A To verify the Authentication Code, visit http://dat.maryland.gov/yerify