F20000)2827

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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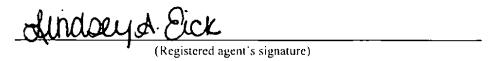
TO: Registration Section Division of Corporations			
SUBJECT: Point3 Security Inc			
	Name of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Fo "Certificate of Existence," or "Coabove referenced foreign corporations of the components of the component	ertificate of Good Stan	iding" and check are subm	
Please return all correspondence	concerning this matter	to the following:	
Kenneth Dornbush			
	Name of	Person	
Point3 Security Inc			
	Firm/Com	npany	
5004 Honeygo Center Drive, Suite	102-183		
	Addre	ess	
Perry Hall, MD 21128			
. City/State and Zip code		re '	
ken@point3.net			
E-mai	l address: (to be used f	for future annual report no	•
For further information concerning	ng this matter, please c	all:	;·····
Kenneth Dornbush	at (443) <u></u>	:
Name of Person	Area Cod	e Daytime Telepho	one Number
STREET/COURIER A Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, S Tallahassee, FL 32303	ee	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	RIDA DEPARTMENT	OF STATE \$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.	Point3 Security I	nc		
		orporation; must include "INCORPORATED," orp," "Inc," "Co." or "Corp.")	"COMPANY," "CORPORATION,"	_
ā	If name unavaila	ble in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida)	-
2. Delaware 3. 47-		3.	7-1300756	
-	(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	_
4.	7/9/2014	5		
	(Date	of incorporation)	(Date of duration, if other than perpetual)	_
6.				
٠		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 12, F.S., to determine penalty liability)	_
7. 13	215 E Fort Aven	ue, Suite 203, Baltimore, MD 21230		
			e <u>street</u> address)	-
5	004 Honeygo Ce	enter Drive, Suite 102-183, Perry Hall, MD 211	28	
_	-	(Current mailing	address, if different)	•
8. 1	Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	۰-)
	Name:	Corporation Service Company	<u> </u>	
Offi	ice Address:	1201 Hays Street		r
		Tallahassee	. Florida 32301	
		(City)	(Zip code)	
9. I	Registered age	nt'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.



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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS Evan Dornbush John Rigney □Chairman Name: Name: ☐ Chairman 5004 Honeygo Center Drive 5004 Honeygo Center Drive ☐ Vice Chairman Address: ☐ Vice Chairman Address: Suite 102-183 Suite 102-183 Director □ Director Perry Hall, MD 21128 Perry Hall, MD 21128 President □ President □Vice President ■Vice President □ Secretary □Treasurer ☐ Secretary ☐ Treasurer Other ____ □Other _____ Other _____ □Other _____ Name: Name: _____ □ Chairman □ Chairman □ Vice Chairman Address: ☐ Vice Chairman Address: □Director Director □ President □ President □Vice President ☐ Vice President ☐ Secretary □Treasurer ☐ Secretary Treasurer Other _____ □ Other Other □Other □Chairman Name: _____ □ Chairman Name: □Vice Chairman Address: ______ ☐Vice Chairman Address: _____ □ Director Director □ President □ President ☐Vice President ☐Vice President ☐ Secretary ☐ Treasurer □ Secretary □ Treasurer □ Other _____ Other _____ Other □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Evan Dornbush, President



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "POINT3 SECURITY, 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 THIRTIETH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "POINT3 SECURITY, INC." WAS INCORPORATED ON THE NINTH DAY OF JULY, A.D. 2014.

Authentication: 203018124

Date: 05-30-20