

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv[®]

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 6/2/2022

PRIORITY Regular Approval

OUR REF.#.(Order.ID#) 1042908

ORDER ENTITY
SECURCOM INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

SECURCOM INC. (FL)

File the attached foreign qualification document

NOTES:

\$70.00 Authorized
Email address for annual report reminders: john@securcom.me

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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. SecurCom Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

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

4. July 10, 2017 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. Floor 33, 11 Princess Grace Avenue, Monte Carlo, Monaco 90000
(Principal office street address)

(Current mailing address, if different)

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

Name: Wendy Swanson

Office Address: 146 Aragon Way, Suite 101

Jupiter, Florida 33458
(City) (Zip code)

9. 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.

Wendy Swanson
(Registered agent's signature)

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]:

FILED
022 JUN -2 PM 3 11
STATE
OFFICE OF STATE
SECRETARY OF STATE
TALLAHASSEE, FL

A. DIRECTORS

Chairman Name: John Novak
 Vice Chairman Address: _____
 Director Floor 33, 11 Princess Grace Avenue
 President Monte Carlo, Monaco 90000
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

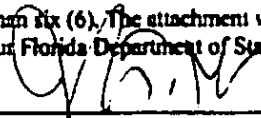
Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 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.

12. 
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.

13. John Novak, President
(Typed or printed name and capacity of person signing application)

CERTIFICATE OF INCUMBENCY
OF
SecurCom Inc.

We, The Trust Company of the Marshall Islands, Inc. (TCMI) of Majuro, Republic of the Marshall Islands, being the duly appointed Registered Agent of SecurCom Inc. (the "Company"), a non-resident domestic company incorporated in the Marshall Islands on July 10, 2017 with corporation number 91783, hereby confirm the following:

1. The Company is in Good Legal Standing in the Marshall Islands.
2. The registered address of the Company is: Trust Company Complex, Ajeltake Road, Ajeltake Island, Majuro, Republic of the Marshall Islands MH 96960
3. As far as can be determined from the documents recorded with the Registered Agent of the Company at the Trust Company Complex, Ajeltake Road, Ajeltake Island, Majuro, Republic of the Marshall Islands MII 96960:
 - a. The Company's operating address is:
"Le Coronado" 20, Avenue de Fontvieille 98000 Monaco.
 - b. The authorized capital of the Company is US\$1,000,000 ((One Million) divided into 1,000,000 ((One Million) bearer shares of One US Dollar (US\$1.00) each.

- c. The current Directors are:

Name
Novak John Timothy

- d. The current Officers are:


Name	Title
Novak John Timothy	President
Novak John Timothy	Secretary

e. The current shareholders are:

Name	No. of Shares Held
Novak John Timothy	Holder of 1,000,000 bearer shares of One US Dollar (US\$1.00) each.

WITNESS my hand and the official seal of
The Trust Company of the Marshall Islands, Inc.
on May 24, 2022.





The Trust Company of the Marshall Islands, Inc.
Vasiliki Lymeropoulou
Registered Agent
Authorized Signature

APOSTILLE

*(Hague Convention of 5 October 1961/
Convention de la Haye du 5 October 1961)*

1. Country: The Republic of the Marshall Islands

This Public Document

2. has been signed by: V. Lymperopoulou

3. acting in the capacity of: The Trust Company of the Marshall Islands, Inc. Registered Agent, Authorized Signatory

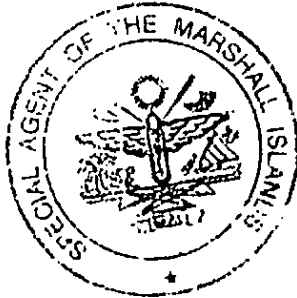
4. bears the seal/stamp of: The Trust Company of the Marshall Islands, Inc.

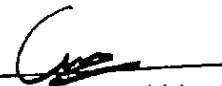
5. at: Piraeus, Greece 6. on: May 24, 2022

7. by: Special Agent of the Republic of the Marshall Islands

8. Number: P-06921-05/2022

9. Seal /stamp: 10. Signature:




Ifigeneia Diamanti, Special Agent of
the Republic of the Marshall Islands