

F000000000233

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: SECURED SYSTEMS CORP.
(Name of corporation - must include suffix)

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:

DAVID BLECHER

(Name of Person)

SECURED SYSTEMS CORP.

(Firm/Company)

2765 LYNN CREEK ROAD - "Suite C"

(Address)

FT. LAUDERDALE, FL 33309

(City/State/Zip)

FILED
00 JAN -5 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mt
1/13

200003089152--5

-01/05/00--01070--007

*****78.75 *****78.75

Should you need to call someone concerning this matter, please call:

DAVID BLECHER

(Name of Person)

at (954) 956-0102

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien 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. SECURED SYSTEMS CORP.
(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. 65-0617285
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. AUG 9, 1995 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. JAN 1, 2000
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 2765 CYPRESS CREEK ROAD "SUITE C"
FT. LAUDERDALE FL 33309
(Current mailing address)
8. VENDING
(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: DAVID BLECHER
- Office Address: 2765 CYPRESS CREEK ROAD "SUITE C"
FT. LAUDERDALE, Florida, 33309
(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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: PATRICK NARMAN

Address: 4117 WHITE PLAINS RD BRONX, N.Y. 10466

Director: SAMUEL PAPPY

Address: 4226 WHITE PLAINS RD BRONX, NY 10466

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Ivy BLECHER

Address: 1519 CASTLE HILL AVE
BRONX, NY 10462

Vice President: David Blecher

Address: 15496 LAKES OF DELRAY BLVD.
DELRAY BEACH, FL 33484

Secretary: SAMUEL PAPPY

Address: 4226 WHITE PLAINS RD.
BRONX, NY 10466

Treasurer: _____

Address: _____

FILED
00 JAN -5 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

14. Ivy BLECHER, PRESIDENT
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SECURED SYSTEMS CORP." 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 NINTH DAY OF DECEMBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SECURED SYSTEMS CORP." WAS INCORPORATED ON THE NINTH DAY OF AUGUST, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED
00 JAN -5 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

2533396 18300

AUTHENTICATION:

0129534

991528190

DATE:

12-09-99