

FOOOOOOO6013

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: SMART ONE INC

(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:

3000003412753--7
-10/03/00--01048--001
*****78.75 *****78.75

(Name of Person)

SMART ONE INC

(Firm/Company)

114 E McNAB RD

(Address)

POMPANO BEACH FL 33060

(City/State/Zip)

W-24310

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

EDWARD HOLRITZ

(Name of Person)

at (954) 782-

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 6, 2000

SMART ONE INC.
114 E. MCNAB RD.
POMPANO BEACH, FL 33060

SUBJECT: SMART ONE INC.
Ref. Number: W00000024310

We have received your document for SMART ONE INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 700A00053062

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TALLAHASSEE, FLORIDA

RESOLUTION OF BOARD OF DIRECTORS
(Please print or type)

I, the undersigned ROBERT BRAUSTEIN, do hereby certify
(Name)

that this Resolution of the Board of Directors of SMART ONE, INC

(Corporate Name)

a corporation duly organized and existing under the laws of the State of UT

was duly adopted on OCTOBER 24, 2000

Be it resolved, that SMART ONE, INC.
(Corporate Name)

organized and existing in the State of NEW JERSEY, hereby adopts the name

SMART 1, INC

for use in Florida

Dated: 10/24/00

[Signature]
Signature of either Chairman, Vice Chairman or any officer

ROBERT BRAUSTEIN VP
Type or print Name

INHS19(1/00)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

**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. SMART ONE INC
(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. N.J. 3. 22 374 7036
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8/16/00 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 8/16/00
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 114 E McNAB RD
POMPANO BEACH FL, 33060
(Current mailing address)

8. SALE & INSTALLATION RESIDENTIAL & COMMERCIAL ALARM
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) SYSTEMS

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

Name: EDWARD HOLCITZ

Office Address: 114 E McNAB RD
POMPANO BEACH FL, Florida, 33060
(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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TALLAHASSEE, FLORIDA

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: _____

Address: _____

Director: _____

Address: _____

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

President: EDWARD HOLRITZ

Address: 816 NE 18th Ave -

FT LAUDERDALE FL, 33304

Vice President: ROBERT BLAUSTEIN

Address: 816 NE 18th Ave -

FT LAUDERDALE FL, 33304

Secretary: EDWARD HOLRITZ

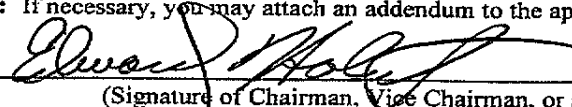
Address: 816 NE 18th Ave

FT LAUDERDALE FL, 33304

Treasurer: _____

Address: _____

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

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

14. EDWARD HOLRITZ PRESIDENT
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

SMART ONE, INC.

*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
New Jersey Domestic Profit Corporation was
registered by this office on August 16, 2000.*

*As of the date of this certificate, said business
continues as an active business in good standing
in the State of New Jersey, and its Annual Reports
are current.*

*I further certify that the registered agent and
registered office are:*

Edward Holritz
278 Rt 4 East
Elmwood Park, NJ 07407

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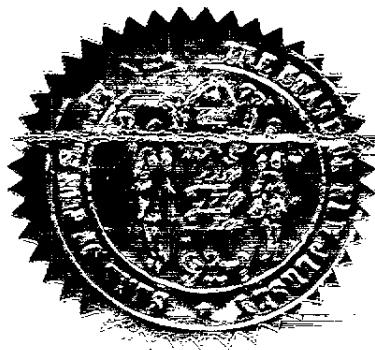
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TALLAHASSEE, FLORIDA

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

SMART ONE, INC.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
26th day of September, 2000

Roland M Machold

Roland M Machold
Treasurer

00 OCT 26 AM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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