

F010000003044

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alford Systems (U.S.) 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:

800004339678--9
-06/04/01--01068--021
*****78.75 *****78.75

Caryn Poulton

(Name of Person)

Alford Systems (U.S.) Inc.

(Firm/Company)

2539 Gary Circle, #602

(Address)

Dunedin, FL 34698

(City/State and Zip code)

For further information concerning this matter, please call:

Caryn Poulton

(Name of Person)

at (727) 733-7061

(Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN -4 PM 3:00

FILED

W 6/7

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration 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. **Alford Systems (U.S.) 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. **Georgia, USA**

(State or country under the law of which it is incorporated)

3. **58-2469489**

(FEI number, if applicable)

4. **5/28/1999**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **Upon qualification**

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. **100 Colony Square, Suite 1800, 1175 Peachtree St, N.E., Atlanta, GA 30361**

(Principal office address)

2539 Gary Circle, #602, Dunedin, FL 34698

(Current mailing address)

8. **Design, sale and installation of security access control and asset tracking systems**

(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: **Caryn Poulton**

Office Address: **2539 Gary Circle, #602**

Dunedin

(City)


, Florida **34698**

(Zip code)

FILED
01 JUN -4 PM 3:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: **Alan Poulton**

Address: **2539 Gary Circle, #602**
Dunedin, FL 34698

Vice Chairman: _____

Address: **Caryn Poulton**
2539 Gary Circle, #602, Dunedin, FL 34698

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: **Alan Poulton**

Address: **2539 Gary Circle, #602**
Dunedin, FL 34698

Vice President: **Caryn Poulton**

Address: **2539 Gary Circle, #602**
Dunedin, FL 34698

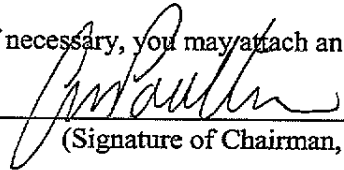
Secretary: **Caryn Poulton**

Address: **2539 Gary Circle, #602, Dunedin, FL 34698**

Treasurer: **Alan Poulton**

Address: **2539 Gary Circle, #602, Dunedin, FL 34698**

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. **Caryn Poulton, Vice-President**

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

FILED
01 JUN -4 PM 3:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CONTROL NUMBER : K922328
DATE INC/AUTH/FILED: 05/28/1999
JURISDICTION : GEORGIA
PRINT DATE : 05/31/2001
FORM NUMBER : 211

ALFORD SYSTEMS (U.S.) INC.
CARYN POULTON
2539 GARY CIRCLE, #602
DUNEDIN, FL 34698

FILED
01 JUN -4 PM 3:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

ALFORD SYSTEMS (U.S.) INC.
A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20010531203308482



Cathy Cox

Cathy Cox
Secretary of State