TO: Registration S Division of C				
SUBJECT: Fie	At Coast Scenni (Name of corpo	ration - must include suffix)		
Dear Sir or Madam:		50	310040446 -04/23/01011 *****87.50	259 35004 ****87.50
The enclosed "Applic "Certificate of Exister to transact business in	ice", and check are submitted	for Authorization to Transact Bus to register the above referenced f	siness in Florida",	
			wo 1-4	1 47 (
Please return all corre	spondence concerning this m	atter to the following:	- •	
Shelley G	oodrich	, see		
·	(Nam	ne of Person)		
First Con	st Security I	ne of Person) N.C. //Company)		
	(Firm	(Company)		
302 N. /	ec st	Po. Box 4 Address)	7/	
	(2	Address)	·	
Kinneland	Ga. 3/348 (City/St			
1-11951940	(City/St	ate and Zin code)	÷	
	(OIG/D	ate and Zap code)		
For further information	n concerning this matter, plea	ase call:		
2 Of Jun 1990 Intornation	d concorning this matter, pro-	isc cair.		
Shelley Good	eich at (91) son) (A	3 76 8555		T _e
(Name of Per	son) (A:	rea Code & Daytime Telephone N	umber) ≥ ∰ =	
			LA RA	_
			₩₩ 5	<u> </u>
STREET ADDRESS	•	MAILING ADDRESS:	SSE -3	Γ
Registration Section	•	Registration Section	mo .	
Division of Corporation	ons	Division of Corporations	F S F	U
409 E. Gaines St.		P.O. Box 6327	SZ 69	
Tallahassee, FL 3239	9	Tallahassee, FL 32314	Z4 RIDA	
Enclosed is a check for	r the following amount:		,	ynti
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee &	☐ \$78.75 Filing Fee & S	87.50 Filing Fee,	0.1

Certified Copy

Certificate of Status

Certificate of Status &

Certified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 8, 2001

SHELLEY GOODRICH 305 N LEE ST KINGSLAND, GA 31548

SUBJECT: FIRST COAST SECURITY, INC.

Ref. Number: W01000009471

We have received your document for FIRST COAST SECURITY, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

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

Michael Mays Document Specialist

Letter Number: 801A00027551

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I. the undersigned Shelley J. Goodrich, President, do hereby certify (Name)		
that this Resolution of the Board of Directors of First Coast Security, Inc.		
(Corporate Name)		
a corporation duly organized and existing under the laws of the State of,	ē.	£ ==
was duly adopted on April 3, 2001 Be it resolved, that First Coast Security, Inc. (Corporate Name)	01 /	
organized and existing in the State of, hereby adopts the name	AUG -3 AM	FILEL
Dated: 5-3-2001	M 9: 24	
Signature of either Chairman, Vice Chairman or any officer		
Shelley J. Goodrich Type or print name		

Make checks payable to Florida Department of State and mail to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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. Security LHIOTOGRAPED (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 same at present.) 2. Gross or country under the law of which it is incorporated 4. 09-03-2001 (Duration: Year corp. will cease to exist or "perpensal") (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SBE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (Principal office address) Lo. Box 471 Kings/And Ga (Current tenting address) 3 Secure Alaem Systems. Low Veltage Contractor (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 Brian Tison Office Address: 3868 W. Grand Central Place Registered agent's acceptance: Having been named at registered agent and to accept service of process for the above stated corporation at the ph designated in this application, I haveby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familier with and accept the obligations of my position as registered agent.

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.

(Registered agent's rignature)

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Shelley Goodrich Physical 305 N. Lee St. (Po. 30x 9	(15)
Kingsland, Ga. 31548	7 S 0
·	₹ ₩ -
Vice President:	TAR ASS
Address:	Fig. m
Secretary:	1 24 NIE ANDA
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing	additional officers and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed	in number 12 of the application)
13. Shelley J. Goode ich Pres. (Typed or printed name and capacity of person significant person person person person person person person significant person pe	ident
 (Typed or printed name and capacity of person significant) 	ng application)