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TRANSMITTAL LETTER

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Dear Sir	or Madam:							
"Certific	losed "Applicat cate of Existenc act business in F	e", and check ar	Corporation for e submitted to	Authorization to Tr	ransact Bu	siness in F Toreign cor	lorida", poration	
Please re	eturn all corresp	ondence concer	ning this matte	r to the following:				
	MA	DX A.	FERRIT	V	300	0048	88724	.;~;
		DX A.	(Name o	f Person)		-11/13 7 ******	38724 010104 0.00 **	4003
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	-		(City/State	and Zip code)		<u> </u>	<u> </u>	<u> </u>
For further information concerning this matter, please call:								
_ <i>M</i> i	(Name of Perso	Mily m)	at (80/ (Area	<i>745−0</i> Code & Daytime Te	44Z dephone N	umber)	3: 50 STATE LORIDA	
Registrat Division 409 E. G	T ADDRESS: tion Section of Corporations taines St. see, FL 32399	s		MAILING ADDI Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations			
Enclosed	l is a check for t	the following an	ount:					
\$70.0	0 Filing Fee	☐ \$78.75 Filir Certificate		\$78.75 Filing Fee Certified Copy		87.50 Fili Certificate Certified (of Status &	:

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. ASECURE AMERICA INCORPORATED (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.) (State or country under the law of which it is incorporated)

3. 87-0685310

(FEI number, if applicable) 4. TULY 13, ZOO!

(Date of incorporation)

5. PEVENTUL

(Duration: Year corp. will cease to exist or "perpetual") 6. UPDN 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.) EDEN, UTAH 84310
(Current mailing address) ANY LEGAL PUPPOSE

(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: LYNN FEIZIN 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.

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:	-
Address:	
	-
Vice Chairman:	
Address:	-
	<u> </u>
Director:	- .
Address:	-
Director:	- . ₂₁ -
Address:	- + ·
B. OFFICERS	
President: LYNN FEIZIN	
Address: 9769 Summer Bresse Court	
CLOSMONT, FL 34711	
Vice President: CHUCK BUTLER	
Address: 9209 Survivity Bilette Court	
CLONDAT, FLORIDA 34711	
,	- ·
Secretary: MARK FERRIN	
Address: 3361 RIVEIL ORIVE, EDEN, UTAH 84310	<u>.</u>
Treasurer: CHENZYL FENZINI	-
Address: 336) RIVER OSLIVE, EDEN, UTAH 84310	
NOTE: If necessary, you may attach an addendant to the application listing additional officers and/or directors.	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	ಈ 11±25°
14. MARK A. FEWIZIN, CONTINUATE SECRETARLY. (Typed or printed name and capacity of person signing application)	<u> </u>
(Typed or printed name and capacity of person signing application)	



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ASECUREAMERICA INCORPORATED**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 13, 2001, and is in good standing in this state.

Ву

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on November 6, 2001.

Secretary of State

Certification Clerk

