

F02000004054

8/8 FOR CORP

TRANSMITTAL LETTER

CUS

TO: Registration Section
Division of Corporations

00855-00647-02963

SUBJECT:

TOTAL PROTECTION SYSTEMS, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

W02-20757

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.

MJH

Please return all correspondence concerning this matter to the following:

GILBERT SANTANA

(Name of Person)

TOTAL PROTECTION SYSTEMS, INC.

(Firm/Company)

P.O. Box 464081

(Address)

LAWRENCEVILLE GA 30042

(City/State and Zip code)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

02 AUG -8 AM 8:47

FILED

For further information concerning this matter, please call:

GILBERT SANTANA

(Name of Person)

at (770) 962-4249

(Area Code & Daytime Telephone Number)

800006453278-3

-07/16/02-01063-008
*****78.75 *****78.75

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

\$70.00 CF
\$8.75-CUS



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 18, 2002

GILBERT SANTANA
TOTAL PROTECTION SYSTEMS, INC.
P.O. BOX 464081
LAWRENCEVILLE, GA 30042

SUBJECT: TOTAL PROTECTION SYSTEMS, INC.
Ref. Number: W02000020757

We have received your document for TOTAL PROTECTION SYSTEMS, 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:

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 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 call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 802A00044095

**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. TOTAL PROTECTION SYSTEMS, 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 3. 58-2047006
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8-31-1993 5. Perpetual
(Date of incorporation) (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. 2298 LAWRENCEVILLE HWY LAWRENCEVILLE GA 30044
(Principal office address)
P.O. Box 464081 LAWRENCEVILLE GA 30044
(Current mailing address)

8. ALARM INSTALLATION
(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: Flynn D. Morris

Office Address: 21 N. Spooky Lane
Santa Rosa Beach, Florida 32459
(City) (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.

Flynn D. Morris
(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: _____

Address: N/A

Director: N/A

Address: _____

Director: _____

Address: N/A

B. OFFICERS

President: GILBERT SANTANA

Address: 1530 Sundale drive

LAWRENCEVILLE GA 30045

Vice President: _____

Address: _____

Secretary: GILBERT SANTANA

Address: 1530 Sundale drive LAWRENCEVILLE GA 30045

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. Gilbert St PRESIDENT

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

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 022110301
CONTROL NUMBER : K323582
DATE INC/AUTH/FILED: 08/31/1993
JURISDICTION : GEORGIA
PRINT DATE : 07/30/2002
FORM NUMBER : 211

TOTAL PROTECTION SYSTEMS, INC.
GILBERT SANTANA
2179 LAWRENCEVILLE HWY STE 208
LAWRENCEVILLE, GA 30044

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

TOTAL PROTECTION SYSTEMS, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated 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 date issued. 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.



Cathy Cox
Secretary of State