

F04000006512

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TALLAHASSEE, FLORIDA

6p

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: False Alarm System Tracking
(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:

Claudia ~~Hurst~~ Mathieu
(Name of Person)

False Alarm System Tracking
(Firm/Company)

916 164th St. SE Suite 345
(Address)

Mill Creek, WA
(City/State and Zip code)

For further information concerning this matter, please call:

Claudia Hurst at (425) 357-8837
(Name of Person) (Area Code & Daytime Telephone Number)

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

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 13, 2004

CLAUDIA MATHIEU
FALSE ALARM SYSTEM TRACKING
916 164TH ST. SE SUITE 345
MILL CREEK, WA 98012

SUBJECT: FALSE ALARM SYSTEM TRACKING, INC.
Ref. Number: W04000037788

We have received your document for FALSE ALARM SYSTEM TRACKING, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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 note that the certificate we require does not refer to taxes. Please contact your Secretary of State to obtain the certificate described in the above paragraph.

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 call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 604A00059134

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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. FALSE ALARMS SYSTEMS TRACKING, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Washington State 3. 20-0315881
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10-13-2003 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 916 164th ST SE Suite 345 Mill Creek, WA 98012
(Principal office address)
916 164th ST SE Suite 345 Mill Creek, WA 98012
(Current mailing address)
8. Administrative outsourcing option of False Alarms
(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 NOT acceptable)
Name: Charles Furman
Office Address: 12401 N. 22nd ST - Apt. A-106
Tampa, Florida 33612
(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.

Charles Furman

(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:

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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: Daniel Mathieu

Address: 5728 139th Pl SE, Everett WA 98208

Vice Chairman: Brian Frohardt

Address: 2920 211 ST SW, Lynnwood WA 98036

Director: Claudia Mathieu

Address: 5728 139th PL SE, Everett WA 98208

Director: Kimberly Frohardt

Address: 2920 211 ST SW, Lynnwood WA 98036

B. OFFICERS

President: Daniel Mathieu

Address: see above

Vice President: Brian Frohardt

Address: See above

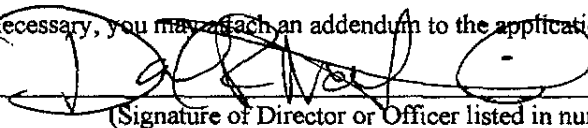
Secretary: Kimberly Frohardt

Address: See above

Treasurer: Claudia Mathieu

Address: See above

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

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Daniel Mathieu, President
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION
OF
FALSE ALARMS SYSTEMS TRACKING, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 10/13/2003.

I FURTHER CERTIFY that as of the date of this certificate, FALSE ALARMS SYSTEMS TRACKING, INC. remains active and has complied with the filing requirements of this office.

Date: October 29, 2004

UBI: 602-334-176

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State