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(Re	questor's Name)				
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PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Name)			
(Document Number)					
Certified Copies	Certificates o	r Status			
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Special Instructions to	Filing Officer:				

Office Use Only

417.6/1491



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03/28/06--01013--011 **78.75



MARIO

COVER LETTER

10: New Filing Section Division of Corporations						
SUBJECT: MST Security Jystems 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:						
Martine Schnapper (Name of Person)						
(Name of Person)						
MSF Security Systems INC						
(Firm/Company)						
62-70 Second Ave						
(Address)						
Keauny NJ 07032 (City/State and Zip code)						
(City/State and Zip code)						
For further information concerning this matter, please call:						
artere Schnapper ai, 201, 955-1200						
(Name of Person) at (201, 955-120) (Area Code & Daytime Telephone Number)						
STREET/COURIER ADDRESS: - MAILING ADDRESS:						
New Filing Section New Filing Section						
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327						
2661 Executive Center Circle Tallahassee, FL 32314						
Tailahassee, FL 32301						
Enclosed is a check for the following amount:						
\$70.00 Filing Fee \$\sum \$78.75 Filing Fee & \$\sum \$878.75 Filing Fee & \$\sum \$87.50 Filing Fee, Certificate of Status & Certified Copy Certified Copy						



March 29, 2006

MARLENE SCHNAPPER

62-70 SECOND AVE KEARNY, NJ 07032

SUBJECT: MSI SECURITY SYSTEMS INC

Ref. Number: W06000014991

We have received your document for MSI SECURITY 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.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Letter Number: 206A00021231

Ruby Dunlap Regulatory Specialist

`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.

MST	Security Syste	ms IN	()		
(Enter name of co	rporation; must include "INCORPORA	TED," "COMPA	NY," "CORPORA	TION,"	
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")			ا م ا	3
				Por S	TO USE
MS	SI Security	System	SIN	<u> </u>	1 1
(If name unavaila	ble in Florida, enter alternate corporate	name adopted for	the purpose of tran	sacting business in Flor	ida)
a Ala	Joseph Torsay	2	1-22892	. 17	Stor 19 5
(State or country to	2w Jersey under the law of which it is incorporated		(FEI number, i	if applicable)	700
	n				37
4. : 1	of incorporation)	5. Duration:	Vear core will ce	250 to exist or "normativ	
(Date	or meorporation)	(Duranon.	Test corp. Will ce	and to exist of perpetal	ai <i>j</i>
6					—— अरुगान्य
	(Date first transacted busi (SEE SECTIONS 607.1501 &				
	•			. ,	
7. 62	-70 Second A Principal office 70 Second A	tol K	earny	NJ 07032	
	(Principal office	ce address))	ALT DOG	=
62-	70 Second H	We K	eary	W J 0103	<u>~</u>
.	(Current maili	ng address)	1		
			0		·
8. to Se//	Scrvice 4 Instago of corporation authorized in home stat	11 Secui	rety Dys	stems	
(Purpose(s)	of corporation authorized in home stat	ie or country to be	carried/out in state	of Florida)	
9. Name and street	t address of Florida registered agent	: (P.O. Box <u>NO</u>	T acceptable)		
			. ,		
Name:	DAVID SCHWAPF	2/2	<u>.</u> .	• .	
Office Address:	3606 Caruso	PI	-	 .	مقيد در
	8 viedo	Ei _n	ida 32745		
	(City)	, Flor	(Zip code)		 :
	(23)		7		

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: Address: ____ Vice Chairman: Director: Director: **B. OFFICERS** Vice President: ______

Address:

Secretary: Martine Schnapper

Address: 4555 S Afforthe Are Unit 4203 Ponce Tilet Pazija

Treasurer: 12-70 and Ar Keary NJ 01022

Address: 1

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)

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



