

F060000006039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

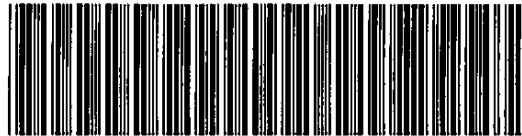
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900079868309

09/20/06--01037--001 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 20 PM 2:15

B. McKnight SEP 20 2006

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: B.R. McMillan & Associates, 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:

Chris Killmeyer

(Name of Person)

API Processing

(Firm/Company)

Montana Building, 3419 Galt Ocean Drive, Suite A

(Address)

Fort Lauderdale, Florida 33308

(City/State and Zip code)

For further information concerning this matter, please call:

Chris Killmeyer

(Name of Person)

at (954) 567-0013

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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

**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. **B.R. McMillan & Associates, 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. **Tennessee**

(State or country under the law of which it is incorporated)

3. **62-1864655**

(FEI number, if applicable)

4. **12/23/2003**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **Upon Licensure**

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **4030 Highway 31 W North, Cottontown, TN 37048**

(Principal office address)

4030 Highway 31 W North, Cottontown, TN 37048

(Current mailing address)

8. **General Contracting**

(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:

Dawn R. Johnson

Office Address:

Montana Building, 3419 Galt Ocean Drive, Suite A

Fort Lauderdale

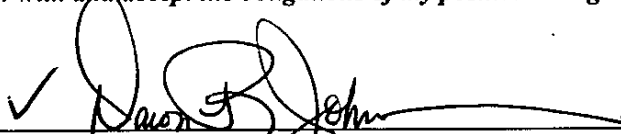
(City)

Florida 33308

(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.

✓ 

(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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 20 PM 2:15

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

CEO/ President: Ben R. McMillan

Address: 4030 Highway 31 W North, Cottontown, TN 37048

COO/ Vice President: John R. McMillan

Address: 4030 Highway 31 W North, Cottontown, TN 37048

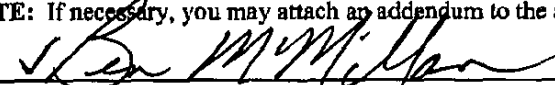
CEO/ Secretary: Rebecca Elrod

Address: 4030 Highway 31 W North, Cottontown, TN 37048

Treasurer: _____

Address: _____

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. Ben R. McMillan - CEO, President
(Typed or printed name and capacity of person signing application)

FILED
SECRETARY
DIVISION OF CORPORATIONS
06 SEP 20 PM 2:15

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 09/11/2006
REQUEST NUMBER: 06254537
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 12/23/2003
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0459995
JURISDICTION: TENNESSEE

TO:
API %CHRISTOPHER KILLMEYER
3419 GALT OCEAN DR
STE A
FT LAUDERDALE, FL 33308

REQUESTED BY:
API %CHRISTOPHER KILLMEYER
3419 GALT OCEAN DR
STE A
FT LAUDERDALE, FL 33308

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"B.R. MCMILLAN & ASSOCIATES, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED
WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

06 SEP 20 PM 2:15
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FOR: REQUEST FOR CERTIFICATE

ON DATE: 09/11/06

FROM:
ALARM PROFESSIONALS, INC
3419 GALT OCEAN DR
STE A
FT LAUDERDALE, FL 33308-0000

RECEIVED: FEES \$20.00 \$0.00
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00004024477
ACCOUNT NUMBER: 00539354



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE