

# F0700005388

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## FOREIGN PROFIT/NONPROFIT CORPORATION

Security Management Solutions, Inc.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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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. Security Management Solutions, 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. Virginia** **3. 20-3860888**

(State or country under the law of which it is incorporated) (PEI number, if applicable)

**4. 11/22/2005** **5. perpetual**

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

**6. Upon Filing**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 850 Puddin Ridge Road, Moyock, NC 27958**

(Principal office address)

**850 Puddin Ridge Road, Moyock, NC 27958**

(Current mailing address)

**8. Common Paymaster**

(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: **C T Corporation System**

Office Address: **1200 South Pine Island Road**

**Plantation**

**Florida**

**33324**

(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.*

**C T Corporation System**

By: **Marie Edwards** *Asst. Secretary*  
(Registered agent's signature) **CT Corporation System**

**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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Gary Jackson

Address: 850 Puddin Ridge Road

Moyock, NC 27958

Vice President: William Matthews

Address: 850 Puddin Ridge Road

Moyock, NC 27958

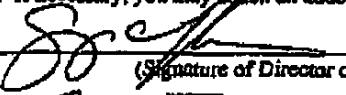
Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

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. GARY JACKSON, PRESIDENT (Typed or printed name and capacity of person signing application)

# Commonwealth of Virginia



## State Corporation Commission

*I Certify the Following from the Records of the Commission:*

Security Management Solutions, Inc. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is November 22, 2005.

Nothing more is hereby certified.

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TALLAHASSEE, FLORIDA

*Signed and Sealed at Richmond on this Date:*  
*October 18, 2007*

A handwritten signature of Joel H. Peck, followed by the text "Joel H. Peck, Clerk of the Commission".



CIS0505