

F10000002310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

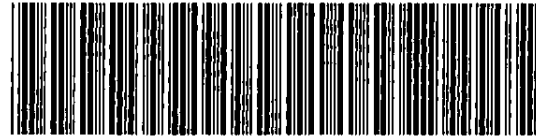
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000179904660

05/05/10--01026--010 \*\*87.50

05/18/10--01026--001 \*\*650.00

MRS  
5/18

FILED  
10 MAY 17 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

W10-22124

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** SECOM SYSTEMS, 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," or "Certificate of Good Standing" 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:

ALISON H. WINTER

Name of Person

SECOM SYSTEMS, INC.

Firm/Company

5255 TRIANGLE PKWY, SUITE 670

Address

NORCROSS, GA 30092

City/State and Zip code

alison@secomwireless.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALISON WINTER

Name of Person

at ( 770 ) 453-9411

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 6, 2010

ALISON H WINTER  
SECOM SYSTEMS, INC.  
5255 TRIANGLE PKWY, SUITE 670  
NORCROSS, GA 30092

SUBJECT: SECOM SYSTEMS, INC  
Ref. Number: W10000022124

We have received your document for SECOM SYSTEMS, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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

Ruby Dunlap  
Regulatory Specialist II

Letter Number: 910A00011425

**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. SECOM SYSTEMS, 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. GEORGIA

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

3. 58-1872698

(FEI number, if applicable)

4. MARCH 6, 1990

(Date of incorporation)

5. PERPETUAL

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

6. SEPTEMBER, 2009

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

7. 5255 TRIANGLE PKWY, SUITE 670, NORCROSS, GA 30092

(Principal office address)

5255 TRIANGLE PKWY, SUITE 670, NORCROSS, GA 30092

(Current mailing address)

8. SALES

(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: ROBERT BALAIS

Office Address: 504 75th st

HOLMES BEACH

(City)

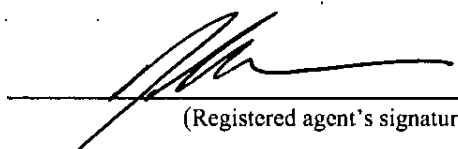
, Florida 34217

(Zip code)

**FILED**  
10 MAY 17 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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: ALEXANDER P. HINERFELD

Address: 5255 TRIANGLE PKWY, SUITE 670  
NORCROSS, GA 30092

Vice Chairman: ALISON H. WINTER

Address: 5255 TRIANGLE PKWY, SUITE 670  
NORCROSS, GA 30092

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

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

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

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

**B. OFFICERS**

President: ALISON H. WINTER

Address: 5255 TRIANGLE PKWY, SUITE 670  
NORCROSS, GA 30092

Vice President: ALEXANDER P. HINERFELD

Address: ~~NORCROSS, GA 30092~~ 5255 Triangle Pkwy Suite 670  
NORCROSS, GA 30092

Secretary: ALEXANDER P. HINERFELD

Address: 5255 Triangle Pkwy #670, Norcross, GA 30092

Treasurer: ALISON H. WINTER

Address: 5255 Triangle Pkwy #670, Norcross, GA 30092

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

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

14. ALISON H. WINTER  
(Typed or printed name and capacity of person signing application)

**FILED**

10 MAY 17 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

# STATE OF GEORGIA

## Secretary of State

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

FILED  
10 MAY 17 PM 3:19  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

## CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

### SECOM SYSTEMS, INC.

#### Domestic Profit Corporation

was formed or was authorized to transact business on 03/06/1990 in Georgia. 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.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 22nd day of April, 2010

B. P. Kemp

Brian P. Kemp  
Secretary of State