Division of Corporations **Electronic Filing Cover Sheet** 

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(((H11000010422 3)))



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TO:

Division of Corporations

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Fax Number : (850)617-6381

ELOW:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address	·	 	 	

## FOREIGN PROFIT/NONPROFIT CORPORATION MX Fire Solutions, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05_
Estimated Charge	\$70,00

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Corporate Filing Menu

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## COVER LETTER

	ling Section of Corporations			
SUBJECT: N	(X Fire Solutions, Inc.			
	Nac	me of corpora	tion - must include suffix	
Dear Sir or Mad	am:			
"Certificate of E		ate of Good S	for Authorization to Transact Standing" and check are subm siness in Florida.	
Please return all	correspondence conce	eroing this ma	atter to the following:	
Ted Carrier				
		Name	of Porson	
MX Pire Solution	s, Inc.			
		Firm/(	Сотрану	
17461 Derian Av	елис, STE #114			
		A	ddress	,
Irvine, CA 92614	ļ			,
	•	City/Sta	te and Zip code	
tcarrier@ofpfire.c	Δ <b>i</b> m	•	•	
	E-mail addı	ress: (to be us	ed for future annual report no	tification)
For further infor	mation concerning this	s matter, plea	se cail:	
Agnes Hwang		at (_ <del>949</del> _	777-0215	
Name o	Name of Person Area Code & Daytime Telephone Number			ne Number
New Fili Division Clifton E 2661 Ex Tallahas	I'/COURIER ADDRI ng Section of Corporations suilding ecutive Center Circle see, FL 32301 ck for the following a		MAILING AD New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations
\$70.00 Pilin	g Fee	ling Fee & te of Status	\$78.75 Piling For & 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.

2. Delaware		e adopted for the purpose of transacting business in Florida) 26-7288050	
	under the law of which it is incorporated)	(FEI number, if applicable)	
4. August 27, 200	B 5		
	e of incorporation)	(Duration: Year corp. will ccase to exist or "perpetual")	
6			
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
17461 Dêrian Av	/enue, STE #114, Irvine, CA 92614	ASE	
	(Principal office ad	dress)	(
17461 Derian Av	renue, STE#114, Irvina, CA 92614	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	-
	(Current mailing ad	dress)	5
		T	
(Purpose)	s) of corporation authorized in bome state or o	country to be carried out in state of Florida)	IN NO SINK
		•	1,7
. Name and are	et address of Florida registered agent: (P.	O. Box NOT acceptable)	
Name;	C T Corporation System	<del>_</del> _	
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida <u>33324</u>	
	(City)	(Zip code)	

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.

(Registered agent's signature)



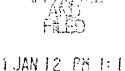
11 JAN 12 PM 1: 12

12. Names and business addresses of officers and/or directors:	11 mil 15 11 11 15		
A. DIRECTORS	SECTION OF STATE		
Chairman: S. Rob Salek	IALLAHASSEE ELORID∆		
Address: 17461 Derian Avenue, STE #114			
Irvino, CA 92614			
Vice Chairman:			
Address:			
Director:			
Address:			
Director:			
Address			
B. OFFICERS	•		
President:			
Address:			
Vice President: Ron Harvey			
Address: 7455 Longard Road			
Livermore, CA 94551			
Secretary:			
Address:			
Treasurer: Ted Carrier			
Address: 17461 Derian Avenue, STE # 114, Irvine, CA 92614			
NOTE: If necessary you may attach an addendum to the application listing			
1. Jane			
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 are true and that he or she is aware that false information submitted in a document degree follows as provided for in s.817.155, F.S.	above) affirms that the facts stated herein ment to the Department of State constitutes a		
1.6 Tod Carrier, Treasurer			

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

FL019 - 10/05/2010 C.Y. System Online





The First State

SECRETATI OF STATE TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MX FIRE SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JANUARY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

4593058

110036477

Jeffrey W. Bullock, Secretary of State AUTHENTY CATION: 8489661

DATE: 01-12-11