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(Address)

(Address)

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TALLAHASSEE FLORIDA

MRS  
2/22

**COVER LETTER**

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

**SUBJECT:** Shearer & 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," 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:

Robert F Shearer

Name of Person

Shearer & Associates, Inc

Firm/Company

4960 Corporate Drive, Ste. 100

Address

Huntsville, AL 35805

City/State and Zip code

fshearer@shearerassociates.us

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

For further information concerning this matter, please call:

Robert F Shearer

Name of Person

at ( 256 ) 830-1031

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. Shearer & 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. Alabama 3. 63-1259316  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 1, 2000 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 4960 Corporate Drive, Ste. 100, Huntsville, AL 35805  
(Principal office address)

4960 Corporate Drive, Ste. 100, Huntsville, AL 35805  
(Current mailing address)

8. To provide project mgmt + security systems design services.  
(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: Justin P Gragg

Office Address: 5805 Satinwood Way

Temple Terrace, Florida 33637  
(City) (Zip code)

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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.

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

A. DIRECTORS

Chairman: Robert F Shearer

Address: 4960 Corporate Drive, Suite 100  
Huntsville, AL 35805

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

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

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

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

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

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

B. OFFICERS

President: Robert F Shearer

Address: 4960 Corporate Drive, Suite 100  
Huntsville, AL 35805

Vice President: \_\_\_\_\_

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

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

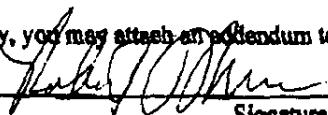
Address: \_\_\_\_\_

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



The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Robert F Shearer, President

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

Beth Chapman  
Secretary of State

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P. O. Box 5616

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MONTGOMERY, AL 36103-5616

# STATE OF ALABAMA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**I, Beth Chapman, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Shearer & Associates, Inc. was formed in Montgomery County, Alabama on September 1, 2000. The Alabama Entity Identification number for this entity is 212-003. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

2/17/2011

Date

*Beth Chapman*

Beth Chapman

Secretary of State