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(Requestor's Name)					
(Address)					
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

TO;	New Filing Sect Division of Corp				
SUBJ	ест: <u>А<i>ме</i>г</u>	CCH'S BEST SE	CUR. Ty Sys Tem ation - must include suffix	's Inc.	
		name of corpora	ation - must include suffix		
Dear S	ir or Madam:				
"Certif	icate of Existence		for Authorization to Transact Standing" and check are submasiness in Florida.		
Please	return all correspond	ondence concerning this m	atter to the following:		
		JOSEPH C	ASE		
		3.7	C D		
	AMERICA.	's Best Se	COR, HY SYSTEM Company N. R. Obev. He	's Inc.	
,	,	Firm/	Company		
	34860	CORAin RD	N. RiObev. He	0 H 44039	
	North	R'NGCU!	Address  O // 44639  ate and Zip code  O // O o o o o o o o o o o o o o o o o o	,	
		City/Sta	ate and Zip code		
	DADD	ICASE & Y	AHOO, Com		
		E-mail address: (to be u	sed for future annual report no	tification)	
For fur	ther information of	concerning this matter, plea	ase call:		
Tos	EPh CH	7 <i>5E</i> at (44	70) 34/3/9 rea Code & Daytime Telephor	4	
	Name of Person	. А	rea Code & Daytime Telephor	ne Number	
		RIER ADDRESS:	MAILING AD		
New Filing Section				New Filing Section	
Division of Corporations Clifton Building				Division of Corporations P.O. Box 6327	
	2661 Executive Tallahassee, FL	Center Circle	Tallahassee, FL	32314	
Enclos	ed is a check for t	he following amount:			
☐ <sup>\$7</sup>	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

HILL CAS BEST SEC UR. H. SYSTEMS, Toter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," ic.," "Co.," "Corp.," "Inc," "Co," or "Corp.")		
name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting busing	ness in Flor	rida)
ate or country under the law of which it is incorporated)  3. 20-5 180/02  (FEI number, if applicable	<b>.</b>	
(PEI number, if applicable)    10   17   2000   5.   Pek Pet UA    (Duration: Year corp. will cease to exist of the period of th		. 172)
	or perpetu	ai )
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
34880 LORAIN RD NORTH RIDGE UILLE OH	440	<u> 39</u>
34880 LURAIN RD NORTH RIDGUILLE OH (Current mailing address)	4403	9_
(Current mailing address)		
For Any Ann All CAWFUL BUSINES'S  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	ĪΑS	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	ECR F	HAR
ame and street address of Florida registered agent: (P.O. Box NOT acceptable)	ASS.	<i>N</i> = 1
Name: Suc ADAMS	H.C.	P
e Address: 806 BARKER ST	1537 1537	1.5
SABIJSTIAN, Florida 32958	<b>B</b> H	\$5
$\frac{2/42/45/441}{\text{(City)}}, \text{Florida} \frac{2/2750}{\text{(Zip code)}}$		
` • · · · · · · · · · · · · · · · · · ·		

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.

12. Names and business addresses of officers and/or directors:	APP
A. DIRECTORS	FILE
Chairman: Toseph CASE	11 MAR 14 PA
Chairman:	ECHETATO DE S LAHASSEE DE S
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	<del>.</del>
B. OFFICERS	<del></del>
President:	
Address:	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	-
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directed	ors.
13. Or or KeSiQen T Chairman Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts sta are true and that he or she is aware that false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.	
14. JOSEPH CASE PRESIDENT/CHAIRMAN	
(Typed or printed name and capacity of person signing application)	

## United States of America State of Ohio Office of the Secretary of State



I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show AMERICA'S BEST SECURITY SYSTEMS, INC., an Ohio corporation, Charter No. 1654839, having its principal location in North Ridgeville, County of Lorain, was incorporated on October 17, 2006 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 12th day of January, A.D. 2011

Ohio Secretary of State

Validation Number: V201112JB855F