

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195

Phone

: (850)521-1000

Fax Number

: (850)558-1515

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 WHELAN SECURITY PROTECTION SERVICES, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

4/4/2011

COVER LETTER

то:	New Filing Section Division of Corporations		
SUBJE	ECT: Whelan Security Protection Services, Inc.		
2020		on - must include suffix	
Dear Si	r or Madam;		
"Certifi	closed "Application by Foreign Corporation for cate of Existence," or "Certificate of Good State eferenced foreign corporation to transact busing	anding" and check are sub-	t Business in Florida," nitted to register the
Please r	eturn all correspondence concerning this matte	er to the following:	
Michael	Basler		
	Name o	f Person	
Whelan	Security Protection Services, Inc.		
	Firm/Co	mpany	
1699 S.	Hanley Road, Ste. 350		
-	Add	ress	
St. Louis	s, MO 63144		•
	City/State	and Zip code	
mbasier@	@whetansecurity.com		
	E-mail address: (to be used	for future annual report no	otification)
For furt	her information concerning this matter, please	call:	
Tracy Sc	linioders at (314	₃ 641-3227	
 	Name of Person Area	Code & Daytime Telepho	ne Number
,	STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING AD New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations
Enclosed	d is a check for the following amount:		
\$ 70	0.00 Filing Fee \$\frac{\$78.75}{\text{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.

 Whelan Securi 	ty Protection Services, Inc.			
(Enter name of	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp,")	ΓED	" "COMPANY," "CORPORATION,"	
110., 60.,				
				Z SE
(If name unavai	lable in Florida, enter alternate corporate n	атте	adopted for the purpose of transacting business in l	
2. Missouri		3.	27-0400621	Z , 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)	THE COLUMN
4. 06/17/2009		5.	Perpetual	ير ه
(Dat	e of incorporation)	-	(Duration: Year corp. will cease to exist or "perp	cu L
6. <u>TBD</u>				図出
	(Date first transacted busine (SEE SECTIONS 607.1501 & 60	ess i 07.1.	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7. 1699 S. Hanley I	Road, Stc. 350, St. Louis, MO 63144			
	(Principal office	add	ress)	****
1699 S. Hanley I	Road, Ste. 350, St. Louis, MO 63144			
	(Current mailing	add	ress)	→· ·
	·			
· .			tion in FL. Office to be opening soon in FL.	<u>-</u> _
(Furpose(s) of corporation authorized in home state of	OT CO	ountry to be carried out in state of Florida)	
Name and street	et address of Florida registered agent: ((P.C	D. Box <u>NOT</u> acceptable)	
Name:	Corporation Service Company			
Office Address:	1201 Hays Street			
	Tallahassee		, Florida 32301	
	(City)		(Zip code)	
Having been nam designated in this further agree to c and I am familiar	application, I hereby accept the appoince omply with the provisions of all statute with and accept the obligations of my	intn es re	ce of process for the above stated corporation tent as registered agent and agree to act in the clative to the proper and complete performand sition as registered agent.	is capacity.
-	Corporation Service Company		Matthew Young	

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 APR -4 AM 9: 16

Names and business addresses of officers and/or directors: A. DIRECTORS	SECRETARY OF STATE TALLAHASSEE. FLORIDA		
Chairman:			
•			
Address:			
fice Chairman:			
.ddress:			
Director:			
Address:			
Director:			
Address:			
B. OFFICERS			
resident: Gregory J. Twardowski			
Address: #4 Portland Drive			
St. Louis, MO 63131			
ice President: Daniel V. Twardowski			
ddress: 12058 Carberry Place			
St. Louis, MO 63131			
ecretary: Patrick A. Twardowski			
ddress: 1974 Windmoor Place, St. Louis, MO 63131			
reasurer: Daniel V. Twardowski			
Address: 12058 Carberry Place, St. Louis, MO 63131			
IOTE: If necessary, you may attach an addendum to the application listing	g additional officers and/or directors.		
3.	·		
Signature of Director or Officer he officer or director signing this document (and who is listed in number 1 re true and that he of she is aware that false information submitted in a document degree felony as provided for in s.817.155, F.S.	2 above) affirms that the facts stated herein		
△ Gregory Twardowski, President			

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

STATE OF MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

WHELAN SECURITY PROTECTION SERVICES, INC. 00976068

was created under the laws of this State on the 17th day of June, 2009, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 1st day of April, 2011

Secretary of State

Certification Number, 13704651-1 Reference:

Verify this certificate online at https://www.sos.mo.gov/businessentity/soskb/verify.asp



