

F11000002069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

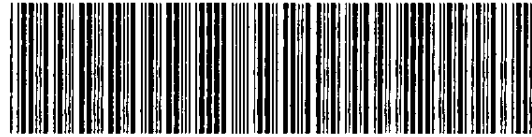
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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J. Shivers MAY 17 2011

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Alarmax Distributors, 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:

Susan L. Reilly
Name of Person

Alarmax Distributors, Inc.
Firm/Company

750 Holiday Drive, Ste. 310
Address

Pittsburgh, PA 15220
City/State and Zip code

sreilly@alarmax.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan L. Reilly at (412) 921-8330
Name of Person Area Code & Daytime Telephone Number

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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. Alarmax Distributors, 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. Pennsylvania 3. 25-1638091
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/16/1990 5. N/A
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 10/19/2009 (employee only) physical location 3/1/2011
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 12640 62nd Street North, Unit 104, Largo, FL 33773
(Principal office address)

750 Holiday Drive, Ste. 310, Pittsburgh, PA 15220
(Current mailing address)

8. Wholesale Distributor of Alarm Componets, CCTV, Low Volt Electrical
(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 33201
(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.

[Handwritten signature of Karin L. Dunn]
(Registered agent's signature)

Karin L. Dunn, Assistant VP

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: William A. Teitelbaum

Address: 4 Winston Court, Dix Hills, NY 11746

Director: Francis Hurite

Address: 215 North Grandview Drive
Pittsburgh, PA 15215

B. OFFICERS

President: Roger A. Graf

Address: 106 Tree Top Lane, McMurray, PA 15317

Vice President: _____

Address: _____

Secretary: William A. Teitelbaum

Address: 4 Winston Court, Dix Hills, NY 11746

Treasurer: _____

Address: _____

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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. Roger A. Graf; President
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

APRIL 19, 2011

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

ALARMAX DISTRIBUTORS, INC.

Is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Certificate of Good Standing shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.

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IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Carol Aichele

Acting Secretary of the Commonwealth