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(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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J. SHAMES DEC 1 9 SOUN!

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: ANTRICAN SECURITY + CUNTRY 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:
ALST STANICY Name of Person
Name of Person
ARCHICAN CECNITY & CONTROL INC. Firm/Company
Firm/Company
2450 PA(SIDENTIM WAY STE 1707 Address
Address
WEST PAIN BEACH, FL. 33401 For B City/State and Zip code
Arts(c O Art Mican (scarify), NE) E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building MAILING ADDRESS: New Filing Section Division of Corporations Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\ \text{Certificate of Status} \text{S78.75 Filing Fee & Certified Copy} \text{S87.50 Filing Fee, Certified Copy} \text{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. ATRICAN SECURTS & CONTINE, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
ASC INC.	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. NELAMANS 3. 54-153-8138 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
_	
4. June 21, 1985 (Date of incorporation) 5. Pengerma (Duration: Year corp. will cease to exist or "perpetual")	
6. WILL BEGIN AUSINESS ON UN AFTEN JAN 2, 2012	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 2450 PRESIDENTIM WAY STE 1707 WESTPAN BEACH (Principal office address)	FL-33401
(Principal office address)	
(Current mailing address)	
(Current mailing address)	
8. INTIANCE SALLS (NAICS 45-065) (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)	-
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	**********
Name: Filet Filet Fr	
Office Address: 2450 PRESIDENTIAL WAY STEITOT TO THE WEST PAIN BEACH, Florida 3340/ (City) (Zip code)	
WEST PAIN BEACH, Florida 33401 No	
(City) (Zip code)	

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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ALL STAWICY Address: 2450 PNS 154MTB WAY ST 1707 WEST PART BEACU, FL- 33401 Vice Chairman: Address: Director: RINE STANICY Address: 2450 PNUIDSNAM WAY STE 1707 WEST PALM BEACH FL. 35401 Address: **B. OFFICERS** President: ALS+ STANICY Address: 2450 PRUSIDENTA WAY STE 1707 Vice President: Address: Address: _ Treasurer: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. ALGE STAMICY, PRESIDENT & DIRECTOR

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



PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AMERICAN SECURITY & CONTROL, 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 FOURTEENTH DAY OF

NOVEMBER, A.D. 2011.

2011 DEC 16 AM D: 12
SECRE PART OF STATE

2199943 8300

111167434

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 9153925

DATE: 11-14-11

You may verify this certificate online at corp.delaware.gov/authver.shtml