## F12000001130

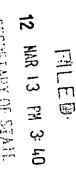
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W12-10454

Office Use Only



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## COVER LETTER

TO: New Filing Section Division of Corporations							
SUBJECT: Intellimar, 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:							
Mark O Oakes							
Name of Person							
Intellimar, Inc							
Firm/Company							
7560 Main Street							
Address							
Sykesville, MD 21784							
City/State and Zip code							
AccountingDepartment@intellimar.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
lon Crosoniakla							
Jan Grossnickle at (443 ) 609-1079  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 Clother 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 \$\ \text{Certificate of Status} \] \$78.75 Filing Fee & Certified Copy \] \$87.50 Filing Fee, Certified Copy \] Certified Copy							



February 22, 2012

MARK O OAKES 7560 MAIN STREET SYKESVILLE, MD 21784

SUBJECT: INTELLIMAR, INC. Ref. Number: W12000010454

We have received your document for INTELLIMAR, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The name and title of the person signing the document must be noted beneath or opposite the signature.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 412A00007697

## 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. Intellimar, Ir	nc					
	f corporation; must include "INCORPORATI	ED,	" "COMPANY," "CORPORATION,"			
"Inc.," "Co.," "	"Corp," "Inc," "Co," or "Corp.")					
C 0- 55	Atric Security, Inc.					
	ailable in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting busing	ness in Flor	rida)	
`	•		•		•	
2. Maryland, L		_3.	52-1959620			
(State or countr	ry under the law of which it is incorporated)		(FEI number, if applicable	)		
4. February 0	)5, 1996	5.	Percetual			
	ate of incorporation)	, J.	(Duration: Year corp. will cease to exist of	or "perpetu	al")	
•	•		•	• •	•	
6	(Data 6					
			n Florida, if prior to registration) 02, F.S., to determine penalty liability)			
7500 14 1			ve, r.o., to determine permity fluority)	11- 5/7	73	
7. /560 Mair	n Street Sykesville, MD 21784		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
	(Principal office	addı	ress)		MAR	-7
7560 Mai	n Street Sykesville, MD 217	784	4	<u> </u>		
	(Current mailing	addı	ress)	J*** CD	<del>60</del>	$\frac{1}{1}$
	_			ودري أسم	$\mathbb{F}$	
Physical 9	Security Products and Service	ces	s Sales	30.72	ည့	
	e(s) of corporation authorized in home state of			land and	5	
,	•		· ·	- 1	0	
<ol><li>Name and street</li></ol>	eet address of Florida registered agent: (	P.O	. Box NOT acceptable)			
Name:	Corporation Service Comp	າລະ	NV			
Name.	Corporation Cervice Comp	Jai				
Office Address:	1201 Hays Street					
	Tellebosses		20204			
	Tallahassee		, Florida 32301			
	(City)		(Zip code)			
10. Registered a	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.

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: FILEB A. DIRECTORS 12 MAR 13 PM 3: 40 Chairman: \_\_\_ Address: \_\_\_ Vice Chairman: \_\_\_ Address: \_\_\_\_\_ Director: Address: \_\_\_\_ Director: B. OFFICERS President: Mark O Oakes Address: 7560 Main Street Sykesville, MD 21784 Vice President: Address: \_\_\_\_\_\_ Secretary: \_\_\_\_\_ Address: Address: NOTE in figure 1 for 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. Mark O Oakes Owner

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

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

1 FURTHER CERTIFY THAT INTELLIMAR, INC., INCORPORATED FEBRUARY 05, 1996, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 10, 2012.

Paul B. Anderson **Charter Division** 



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097