

F12000002119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

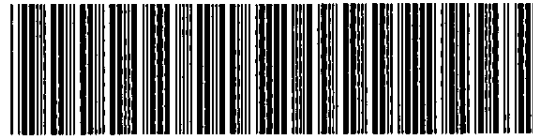
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/24/12--01003--001 **75.00

2012 MAY 18 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

J. Shivers MAY 21 2012
W12-22855
637
647



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2012

CARALINA MENDOZA
12 CHRISTOPHER WAY SUITE 102
EATONTOWN, NJ 07724

SUBJECT: INTEGRATED SECURITY PROFESSIONALS, INC
Ref. Number: W12000022855

We have received your document for INTEGRATED SECURITY PROFESSIONALS, INC and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 112A00012655

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Integrated Securing Professionals, 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:

Catalina Mendoza

Name of Person

Integrated Securing Professionals, Inc dba Securing 101

Firm/Company

12 Christopher Way, Suite 102

Address

Eatontown NJ 07724

City/State and Zip code

cmendoza@securing101.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Ryan

Name of Person

at (732) 982-8515 x115

Area Code & Daytime Telephone Number

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

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TALLAHASSEE, FLORIDA

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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. Integrated Security Professionals, Inc

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

ISP, INC

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW Jersey

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. 10/17/2007

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 01/01/2012

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 12 Christopher Way Suite 102 Eatontown NJ 07724

(Principal office address)

12 Christopher Way Suite 102 Eatontown NJ 07724

(Current mailing address)

8. _____

(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: Security Franchisers, LLC

Office Address: 2465 Mace Ave. Suite 101

West Palm Beach

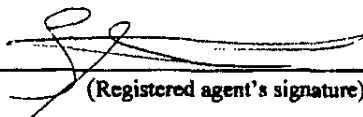
(City)

, Florida 33401

(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.

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TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Robert Ryan

Address: 60 Polo Club Drive
Freehold NJ 07728

Vice President: Anthony Iovine

Address: 124 Captain Rd.
Manahawkin, NJ 08850

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Principle

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
SHORT FORM STANDING**

INTEGRATED SECURITY PROFESSIONALS, INC.

0100985026

With the Previous or Alternate Name

SECURITY 101 (Alternate Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on October 3, 2007.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

**Robert G. Ryan
12 Christopher Way, Suite 102
Eatontown, NJ 07724**



Certification# 124886597

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
14th day of May, 2012*

A handwritten signature in black ink, appearing to read "Andrew P. Sidamon-Eristoff".

**Andrew P Sidamon-Eristoff
State Treasurer**

**2012 MAY 18 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

FILED

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp