F13000003215

(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:
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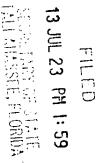
Office Use Only



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COVER LETTER

то:	New Filing Se Division of Co				
SUBJ	ECT:	AMI Moni-	foring. Ir	10.	
		Name of corpor	ration - must include suf	ffix	
Dear S	ir or Madam:				
"Certif	ficate of Existen	ation by Foreign Corporationce," or "Certificate of Goodign corporation to transact b	d Standing" and check a	ransact Business in re submitted to regi	Florida," ster the
Please	return all corres Nanc AMI 210 MGI	Monitori N. Tenr Kinney Te Kinney Te Kinney Te City/Si	ne of Person Inc. Inc. /Company /Company Address EYAS tate and Zip code Spectacov	2. Street 5287 1. com	
For fur	ther information	E-mail address: (to be in concerning this matter, plo	used for future annual re case call:	port notification)	3
Na		illiams at 4	69) 621- Area Code & Daytime T	7603 elephone Number	JUL 23 PM 1: 59
	New Filing Se Division of Co Clifton Building	orporations ng re Center Circle	New Fili Division P.O. Box	NG ADDRESS: ing Section of Corporations x 6327 see, FL 32314	3P`
Enclos	ed is a check for	r the following amount:			
5 \$70	0.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee Certified Copy		ate of Status &

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. (Enter name of corporation; must include "INCORPORATED." "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) (State or country under the law of which it is incorporated) 5. (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Tennessee Street ME Kinney
(Principal office address) (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: Office Address: 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.

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. Name	es and business addresses of officers and/or directors:
	A. DIRE	CCTORS
	Chairman:	
	Address:	
	-	
	Vice Chair	rman:
	Address:	
	_	
	Director:	
	Address: _	
	_	
	Director:	
	Address: _	
	B. OFFI	
	1	Joseph Bogdan
(o our	Address: _	210 N. Tennessee Street MEKInney, TX 7506
	-	<u> </u>
- NUM	Presid	210 D. Tennessee Street McKinney, TX 750009
(0.00	Address: _	210 10 Tennessee Street Mckinney, To 15009
	-	Me 2 d
	Secretary:	
	Address: _	- Se George
	Treasurer:	
	Address: _	
	NOTE: I	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
	13	Signature of Director or Officer
	The office	er or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes
		gree felony as provided for in s.817.155, F.S.
	14	Toseph Boadan (Typed or printed name and capacity of person signing application)
		(xyped or printed name and capacity of person signing application)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



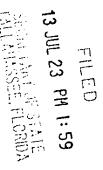
John Steen Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for AMI Monitoring, Inc. (file number 800133221), a Domestic For-Profit Corporation, was filed in this office on October 14, 2002.

It is further certified that the entity status in Texas is in existence.



In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 10, 2013.



V Den

John Steen Secretary of State

Phone: (512) 463-5555 Prepared by: Deborah Rogers Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 489378930002