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613-  
W14000002643

2/4/14

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** A Team Security, INC. ("ATS")  
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:

Christine Manson  
Name of Person

A TEAM SECURITY INC  
Firm/Company

11454 San Vicente Blvd. 2nd Floor  
Address

Los Angeles CA 90049  
City/State and Zip code

Christine.manson@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Manson at ( 310 ) 207-7729  
Name of Person 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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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 14, 2014

CHRISTINE MANSON  
11454 SAN VICENTE BLVD.  
2ND FLOOR  
LOS ANGELES, CA 90049

SUBJECT: A TEAM SECURITY, INC ("ATS")  
Ref. Number: W14000002643

We have received your document for A TEAM SECURITY, INC ("ATS") and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 614A00000935

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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. A Team Security, INC ("ATS")  
(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. California 3. 30-0592271  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/12/2009 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 11454 San Vicente Blvd. Los Angeles CA 90049  
(Principal office address)

11454 San Vicente Blvd. Los Angeles CA 90049  
(Current mailing address)

8. Private Security Services  
(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: Wilfredo Perez-Barrero

Office Address: 2013 Bonsile Circle

Riviera Beach, Florida 33418  
(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.*

  
(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:

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**A. DIRECTORS**

Chairman: \_\_\_\_\_

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Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: Robert Alon

Address: 3701 Harlene Dr. Encino CA 91436

Vice President: Robert Alon

Address: 3701 Harlene Dr. Encino CA 91436

Secretary: Robert Alon

Address: 3701 Harlene Dr. Encino CA 91436

Treasurer: Robert Alon

Address: 3701 Harlene Dr. Encino CA 91436

**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. Robert Alon, President.

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

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

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**ENTITY NAME:**

A TEAM SECURITY, INC. (''ATS'')

FILE NUMBER: C3259762  
FORMATION DATE: 11/12/2009  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of December 19, 2013.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State