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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : VCORP SERVICES, LLC  
Account Number : I20080000067  
Phone : (845) 425-0077  
Fax Number : (845) 818-3588

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Email Address: StateNotices@vcorp-services.com

**FOREIGN PROFIT/NONPROFIT CORPORATION  
CARE SECURITY SYSTEMS INC.**

Certificate of Status	0
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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803.614

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. **CARE SECURITY SYSTEMS INC.**

(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. **New York**

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

3.

(FEL number, if applicable)

4. **06/12/1989**

(Date of incorporation)

5.

**Perpetual**

(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. **7 Hemion Road, Montebello, NY 10901**

(Principal office address)

**7 Hemion Road, Montebello, NY 10901**

(Current mailing address)

8. **Security Systems**

(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)

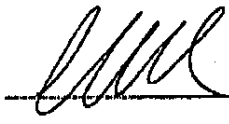
Name: **Vcorp Services, LLC**

Office Address: **5011 South State Road 7, Suite 106**

**Davie**, Florida **33314**  
(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.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

## A. DIRECTORS

Chairman: Abe SchwabAddress: 8 Celia Court, Suffern, NY 10901

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

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

Director: Abe SchwabAddress: 8 Celia Court, Suffern, NY 10901

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

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

## B. OFFICERS

President: Nathan SchwabAddress: 28 Parker Blvd. Monsey, NY 10952

Vice President: \_\_\_\_\_

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

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. Nathan Schwab, President

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

**State of New York**  
**Department of State } ss:**

*I hereby certify, that the Certificate of Incorporation of CARE SECURITY SYSTEMS INC. was filed on 06/12/1989, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:*

*A Biennial Statement was filed 08/14/2000.*

*A Biennial Statement was filed 06/26/2001.*

*A Biennial Statement was filed 06/06/2003.*

*A Biennial Statement was filed 06/06/2005.*

*A Biennial Statement was filed 08/01/2007.*

*A Biennial Statement was filed 06/10/2009.*

*A Biennial Statement was filed 06/28/2011.*

*A Biennial Statement was filed 06/20/2013.*

*I further certify that no other documents have been filed by such corporation.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 05th day of March  
two thousand and fourteen.*

*Anthony Giardina*

Anthony Giardina  
Executive Deputy Secretary of State