

**FIH000001654**

**Florida Department of State  
 Division of Corporations  
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**((H14000089369 3)))**



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**FOREIGN PROFIT/NONPROFIT CORPORATION  
 Direct Protection Security, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

**FILED**  
 14 APR 15 AM 9:27  
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 TALLAHASSEE, FLORIDA

*Handwritten signature and date: 4/16/14*

**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. Direct Protection Security, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. California 3. 46-4987147  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/25/2014 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. April 14, 2014  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2145 Elkins Way, Suite B, Brentwood, CA 94513  
(Principal office address)  
2145 Elkins Way, Suite B, Brentwood, CA 94513  
(Current mailing address)
8. Electrical  
(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: API Processing - Licensing, Inc.  
Office Address: 3419 Galt Ocean Drive, Suite A  
Fort Lauderdale, Florida 33308  
(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.

Kelly G. Olan

(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.

H1400089369

Page 3 of 4

April 14 2014

14 APR 15 AM 9:27

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TALLAHASSEE, FLORIDA

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

## A. DIRECTORS

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

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

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

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

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

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

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

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

## B. OFFICERS

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

Satbir Singh

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

2145 Elkins Way, Suite B, Brentwood, CA 94513

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

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

Dharmainder Kandhra

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

2145 Elkins Way, Suite B, Brentwood, CA 94513

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. \_\_\_\_\_

Satbir Singh

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

H1400089369

H1400089369

Page 4 of 4

April 14, 2014

State of California  
Secretary of State

## CERTIFICATE OF STATUS

## ENTITY NAME:

DIRECT PROTECTION SECURITY, INC.

FILE NUMBER: C3658246  
FORMATION DATE: 03/25/2014  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

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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 March 26, 2014.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State