

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((1114000096681 3)))



H140000966813AEC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GREENSFOON MARDER, P.A.

Account Number : 076064003722 Phone : (888)491-1120 Fax Number : (954)343-6962

Bnter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: levy Daisg-online.com

FOREIGN PROFIT/NONPROFIT CORPORATION AMERICAN INTEGRATED SECURITY GROUP, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

T 04/25/14

Electronic Filing Menu.

Corporate Filing Menu

Help

Fax Server

- 34/24/2014 2:08:37 PM , PAGE . 1/005 Fax Server

850-617-6381

4/24/2014 12:58:12 PM PAGE 1/001 Fax Server

April 24, 2014

GREENSPOON MARDER, P.A.

FLORIDA DEPARTMENT OF STATE OF

SUBJECT: AMERICAN INTERGRATED SECURITY GROUP INC.

REF: W14000026080

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover bleat.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section FAX Aud. #: H14000096681 Letter Number: 214A00008799

APR 24 PH 2: 31

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.

		CURITY GROUP, INC.	
	orporation; must include "INCORPORATE orp." "Inc." "Co." or "Corp.")	D," "COMPANY," "CORPORATION,"	
(if name unavail	able in Florida, enter alternate corporate par	ne adopted for the purpose of transacting busine	ss in Florida)
2. NEW YO			S III I IOIIday
	under the law of which it is incorporated)	3. (FEI number, if applicable)	
MARCH 2		PERPETUAL	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or	"perpetual")
6. UPON F.	ILING		
	(Date first transacted busines (SEE SECTIONS 607.1501 & 607	s in Florida, if prior to registration) 2.1502, F.S., to determine penalty liability)	<u> </u>
, 6888 NO	RTHTREE COURT, LAK	• • • • • • • • • • • • • • • • • • • •	
·	(Principal office a		
15-01 132	ND STREET, COLLEGE	POINT, NEW YORK 11356	
	(Current mailing a	d.da.sec)	
	(Curent manning a	adress)	
SECURIT	<u>-</u>		ICINEDO
D	Y DEALER AND INTEGRA	ATOR; AND ALL LAWFUL BU	SINESS
(Purpose(s	Y DEALER AND INTEGRA	ATOR; AND ALL LAWFUL BU	SINESS
(Purpose(s	Y DEALER AND INTEGRA o) of corporation authorized in home state or et address of Florida registered agent: (ATOR; AND ALL LAWFUL BU	SINESS SE SE
(Purpose(s	Y DEALER AND INTEGRA	ATOR; AND ALL LAWFUL BU	SINESS 14 AP
(Purpose(s) Name and stres Name:	Y DEALER AND INTEGRA o) of corporation authorized in home state or et address of Florida registered agent: (ATOR; AND ALL LAWFUL BU country to be carried out in state of Florida) P.O. Box NOT acceptable)	SECRETARY SECRETARY MALLABASSI
(Purpose(s) Name and stres Name:	Y DEALER AND INTEGRAL of corporation authorized in home state or at address of Florida registered agent: (MARIO POPU 6888 NORTHTREE CO	ATOR; AND ALL LAWFUL BU country to be carried out in state of Florida) P.O. Box. NOT acceptable) URT	SEGRETARY OF SEGRETARY OF
(Purpose(s	Y DEALER AND INTEGRA) of corporation authorized in home state or et address of Florida registered agent: (MARIO POPU 6888 NORTHTREE CO LAKE WORTH	ATOR; AND ALL LAWFUL BU country to be carried out in state of Florida) P.O. Box. NOT acceptable) URT Florida 33467	SECRETARY OF STANKSSEE, PLO
(Purpose(s P. Name and stres Name: Office Address:	Y DEALER AND INTEGRA of corporation authorized in home state or at address of Florida registered agent: (MARIO POPU 6888 NORTHTREE CO LAKE WORTH (City)	ATOR; AND ALL LAWFUL BU country to be carried out in state of Florida) P.O. Box. NOT acceptable) URT	SEGRETARY OF STATE NALLARIASSEE, PLOOD
(Purpose(s). Name and stres Name: Office Address:	Y DEALER AND INTEGRA of corporation authorized in home state or at address of Florida registered agent: (MARIO POPU 6888 NORTHTREE CO LAKE WORTH (City) gent's acceptance:	ATOR; AND ALL LAWFUL BU country to be carried out in state of Florida) P.O. Box. NOT acceptable) URT Florida 33467 (Zip code)	14 APR 24 PM 1: 11 SEGRETARY OF STATE INCLARASSEE, PLOORING
(Purpose(s) P. Name and stress Name: Office Address: 10. Registered as Having been name the signated in this	Y DEALER AND INTEGRA of corporation authorized in home state or at address of Florida registered agent: (MARIO POPU 6888 NORTHTREE CO LAKE WORTH (City) gent's acceptance: and as registered agent and to accept see application, 1 hereby accept the appoint	ATOR; AND ALL LAWFUL BU country to be carried out in state of Florida) P.O. Box. NOT acceptable) URT Florida 33467 (Zip code) rvice of process for the above stated corporation as registered agent and agree to acceptable.	SECRETARY OF STATE PLOPINAL TO THE PLOPINAL CONTRACTOR At the capacity. If the this capacity.
(Purpose(s) P. Name and stress Name: Office Address: 10. Registered as Having been name designated in this further agree to c	Y DEALER AND INTEGRA of corporation authorized in home state or at address of Florida registered agent: (MARIO POPU 6888 NORTHTREE CO LAKE WORTH (City) gent's acceptance: and as registered agent and to accept see application, 1 hereby accept the appoint	ATOR; AND ALL LAWFUL BU country to be carried out in state of Florida) P.O. Box. NOT acceptable) URT Florida 33467 (Zip code) rvice of process for the above stated corporation as registered agent and agree to acceptable to the proper and complete performance.	SECRETARY OF STATE PLOPINAL TO THE PLOPINAL CONTRACTOR At the capacity. If the this capacity.
(Purpose(s) P. Name and stress Name: Office Address: 10. Registered as Having heen name designated in this further agree to c	Y DEALER AND INTEGRA of corporation authorized in home state or at address of Florida registered agent: (MARIO POPU 6888 NORTHTREE CO LAKE WORTH (City) gent's acceptance: and as registered agent and to accept see application, 1 hereby accept the appoint	ATOR; AND ALL LAWFUL BU country to be carried out in state of Florida) P.O. Box. NOT acceptable) URT Florida 33467 (Zip code) rvice of process for the above stated corporation as registered agent and agree to acceptable to the proper and complete performance.	SECRETARY OF STATE PLOPINAL TO THE PLOPINAL CONTRACTOR At the capacity. If the this capacity.
(Purpose(s) P. Name and stress Name: Office Address: 10. Registered as Having heen name designated in this further agree to c	Y DEALER AND INTEGRA of corporation authorized in home state or at address of Florida registered agent: (MARIO POPU 6888 NORTHTREE CO LAKE WORTH (City) gent's acceptance: and as registered agent and to accept see application, 1 hereby accept the appoint	ATOR; AND ALL LAWFUL BU country to be carried out in state of Florida) P.O. Box. NOT acceptable) URT Florida 33467 (Zip code) rvice of process for the above stated corporation as registered agent and agree to acceptable to the proper and complete performance.	SECRETARY OF STATE PLOPINAL TO THE PLOPINAL CONTRACTOR At the capacity. If the this capacity.
(Purpose(s) P. Name and stress Name: Office Address: 10. Registered as Having heen name designated in this further agree to c	Y DEALER AND INTEGRA of corporation authorized in home state or at address of Florida registered agent: (MARIO POPU 6888 NORTHTREE CO LAKE WORTH (City) gent's acceptance: and as registered agent and to accept see application, 1 hereby accept the appoint	ATOR; AND ALL LAWFUL BU country to be carried out in state of Florida) P.O. Box. NOT acceptable) URT Florida 33467 (Zip code) rvice of process for the above stated corporation as registered agent and agree to acceptable to the proper and complete performance.	SECRETARY OF STATE PLOPINAL TO THE PLOPINAL CONTRACTOR At the capacity. If the this capacity.

^{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. Nan	nes and business addresses of officers and/or directors:			
A. DIR	ECTORS			
Chairmar	¹¹			 ,
Address:				
Vice Cha	irman:			 .
Address:				
			· · · · · · · · · · · · · · · · · · ·	
	LEVENTE ACS			
Address:	15-01 132ND STREET			
	COLLEGE POINT, NEW YORK 11356	A Car		
Director:		7.3		
Address:		<u> </u>	PR	-
		iii iii	24	
B. OFF	CICERS		PH	
President	LEVENTE ACS	B E		
Address:	15-01 132ND STREET		9	
	COLLEGE POINT, NEW YORK 11356			
Vice Pres	sident:			
Secretary	LEVENTE ACS			
Address:	15-01 132ND STREET, COLLEGE POINT, NEW YORK	11356		
Treasurer	LEVENTE ACS			
Address:	15-01 132ND STREET, COLLEGE POINT, NEW YORK	11356		
NOTE:	If necessary, you may attach an addendum to the application listing additional officers an	ıd/or director	rs.	
13	- July			
are true e a third de	Signature of Director or Officer cer or director signing this document (and who is listed in number 12 above) affirms that the and that he or she is aware that false information submitted in a document to the Department of the Department form as provided for in s.817.155, F.S.			
14. <u>LE</u>	VENTE ACS, PRESIDENT			
	(Typed or printed name and capacity of person signing application)			

State of New York Department of State 3 ss

I hersby dertify, that the Certificate of incorporation of AMERICAN INTERGRATED SECURITY GROUP, INC. was filed at 03/27/2007, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a vertificate, order, or record of a dissolution, and upon such examination, no such dertificate, order or record has been found, and that so far as indicated by the record of this Department, such corporation is an existing corporation.

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



201404230126 * 5%

Witness my hand and the official seal of the Department of State at the City of Albany, this 22nd day of April two thousand and fourteen.

Anthony Giardina
Executive Deputy Secretary of State

SESTIME OF STAIL