# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000109851 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (050)878-5368

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

### FOREIGN PROFIT/NONPROFIT CORPORATION IMPACT FIRE SERVICES CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

MAY - 9 2014

Electronic Filing Menu

Corporate Filing Menu

Help

A. DUNLAP

	COVE	CLETTER	
TO: New Filing S Division of C	Section Corporations		
SUBJECT: Imp	act Fire Services	Corporation	
		ation - must include suffix	
Dear Sir or Madam:			
"Certificate of Existe	cation by Foreign Corporation ence," or "Certificate of Good eign corporation to transact bu	Standing" and check are su	act Business in Florida," bmitted to register the
Please return all corr	espondence concerning this m	atter to the following:	
Michael Lloy	/d		
	Nanu	e of Person	<del></del>
Impact Facil	ity Services		
		Company	
4010 Watso	n Plaza, Suite 170	<u> </u>	
		ddress	
Lakewood, (	CA 90712		
	•	nte and Zip code	<u> </u>
miloyd@impa	ctfiresvcs.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	on concerning this matter, plea	ase call:	
Mike Lloyd	310	463-1191	
Name of Per	son A	) 463-1191 rea Code & Daytime Teleph	none Number
New Filing S Division of C Clifton Build	Corporations ling lve Center Circle	MAILING A New Filing S Division of C P.O. Box 632 Tallahassec, I	ection orporations 7
	or the following amount:		
Thereser is a check t	or the lottowing amount.		
■ \$70.00 Filing Fee	Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

# 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.

•	-	e adopted for the purpose of transacting business in	Florida)	
Delaware	·	27-0630522		
- •	inder the law of which it is incorporated)	(FEI number, if applicable)		
July 6, 20	009	perpetual		
· · · · · · ·	of incorporation)	(Duration: Year corp. will cease to exist or "per	rpetual")	
, <u>n/a</u>	(Date first transacted business	in Florida, if prior to registration)		
	(SEE SECTIONS 607.1501 & 607.	.1502, F.S., to determine penalty liability)		
1412 W H	wy 71, Suite 109, Bastro	p, TX 78602		
	(Principal office ad	· -		
4010 Wats	son Plaza, Suite 170, Lake	<del></del>		
	(Current mailing ad	ouress)		
Fire prote	ection services			
·	ection services ) of corporation authorized in home state or o	country to be carried out in state of Florida)	AL SE	14
(Purpose(s		•	SECRE	14 HA)
(Purpose(s	of corporation authorized in home state or	•	SECRE TAI	14 HAY -
(Purpose(s  . Name and stree  Name:	of corporation authorized in home state or one tade of the corporation authorized in home state or one tade of the corporation and the corporation authorized in home state or of the corporation authorized auth	•	SECRETARY O	7
(Purpose(s  Name and stree  Name:	of corporation authorized in home state or on the state of the state o	•	SECRETARY OF ST	
(Purpose(s  Name and stree  Name:	of corporation authorized in home state or on the address of Florida registered agent: (Page 1200 South Pine Island Road	P.O. Box NOT acceptable)	SECRETARY OF SITE	-7 H
(Purpose(s)  Name and stree  Name:  Office Address:  O. Registered as laving been namelesignated in this larther agree to continue the continue that the con	t address of Florida registered agent: (P C T Corporation System 1200 South Pine Island Road Plantation (City) tent's acceptance: a se registered agent and to accept serapplication, I hereby accept the appoint	P.O. Box NOT acceptable) , Florida 33324  (Zip code)  reice of process for the above stated corporation in the state of the stat	CRETARY OF STATE  LAHASSEE FLORIDA  on at the platitis capacity  this capacity	-7 M 8: 23
(Purpose(s ). Name and stree Name: Office Address:  10. Registered as Having been name designated in this further agree to co	of corporation authorized in home state or of address of Florida registered agent: (PCT Corporation System  1200 South Pine Island Road  Plantation  (City)  Sent's acceptance:  ed as registered agent and to accept ser application, I hereby accept the appointmental points and the provisions of all statutes	P.O. Box NOT acceptable) , Florida 33324  (Zip code)  rrice of process for the above stated corporation of the stated corporation of the stated corporation of the proper and complete performance of my position as registered agent.	CRETARY OF STATE  LAHASSEE FLORIDA  on at the platitis capacity  this capacity	-7 M 8: 23

<sup>11.</sup> 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.

10. November 11. Compatibility of afficiency 14. House
12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Michael Lloyd
Address: 4010 Watson Plaza, Suite 170, Lakewood, CA 90712
Vice Chairman: Jeff Holdsberg
Address: c/o Caltius Equity Partners, 11766 Wilshire Blvd., #850, Los Angeles, CA 90025
Director: Michael Morgan
Address: c/o Caltius Equity Partners, 11766 Wilshire Blvd., #850, Los Angeles, CA 90025
Address:
Director: Justin Benshoof
Address: c/o Caltius Equity Partners, 11766 Wilshire Blvd., #850, Los Angeles, CA 90025
Address:
B. OFFICERS
President: Steven Shaffer
Address: 4010 Watson Plaza, Suite 170, Lakewood, CA 90712
Address: 4010 VVIIO1111020, Obito 110, Editoviood, O. Co. Co.
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.  Michael Lloyd, Chairman
(Typed or printed name and capacity of person signing application)

# Delaware

PAGE '

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERBY CERTIFY "IMPACT FIRE SERVICES CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

4706733 8300

140583170

You may verify this cortificate online at cosp. deleware.gov/authver.shtml

jeffrey W. Bullock, Secretary of S AUTHENTICATION: 1353165

DATE: 05-07-14