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COVER LETTER

	New Filing Sect Division of Corp	orations		
SUBJEC	ст: <u>Se</u>	CURE TRANS	tion - must include suffix	Company, In
		rune or corpora		•
Dear Sir	or Madam:			
"Certifica	ate of Existence		for Authorization to Transa Standing" and check are sub siness in Florida.	
Please ret	turn all correspo	ondence concerning this ma	atter to the following:	
		AnnE	Marin	
		Name	of Person	
5.	ECURE	Transpart	Company _ 1	MALL Inc
		Firm/C	Company)
		13111 Hour	er Road	•
		10,111	ddress	4
		Whittier.	er Road ddress CA 90605 te and Zip code	_
		City/Sta	te and Zip code	
	amazi	, @securetra	te and Zip code NSPONTATUM. (red for future annual report i	20m
		E-mail address: (to be us	ed for future annual report i	notification)
For furth	er information o	concerning this matter, plea	se call:	
A	nne Ma	uein at 56	2, 941-010-	7
	Name of Person		rea Code & Daytime Teleph	
	,		•	
			NEATH TNO 4	DDD EGG
STREET/COURIER ADDRESS: New Filing Section MAILING ADDRESS: New Filing Section				
Division of Corporations			Division of Corporations	
Clifton Building P.O. Box 6327			•	
2661 Executive Center Circle Tallahassee, FL 32314				
Т	Γallahassee, FL	32301		
Enclosed	l is a check for t	he following amount:		
☐ \$70 O	00 Filing Fee	□ \$78.75 Filing Fee &	□ \$78.75 Filing Fee &	\$87.50 Filing Fee,
_ 4,0.0		Certificate of Status	Certified Copy	Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	: WITH SECTION 607.1503, FLOI REIGN CORPORATION TO TRAN	RIDA STATUTE: ISACT BUSINES		
1. SECUR	E Transporta	tion a	mpany, Iv	C.
	orporation; must include "INCORPOR orp," "Inc," "Co," or "Corp.")	RATED," "COMP	ANY, "CORPORATION,"	FIL SCORE LARY SCORE LARY
(If name unavaila	ble in Florida, enter alternate corporat	te name adopted fo	or the purpose of transacting busi	iness in Florida)
2. Calif	ornia	3	95-404-93	638 5
(State or country t	under the law of which it is incorporate	ed)	(FEI number, if applicable	
4 3	1-27-1983	5	<i>terpetua</i>	
(Date	of incorporation)	(Duratio	n: Year corp. will cease to exist	or "perpetual")
6	(Date first transacted bu	usingsa in Florida	(f - rior to - resistantion)	
7. <u>/311</u>	(SEE SECTIONS 607.1501 &	& 607.1502, F.S., hitter,	to determine penalty liability) A 90605	
	Meyer Rd, WI	hittilk	CA 90605	
	(Current mai	lling address)		•
	emergency med		nopostation	Servces
-	of corporation authorized in home sta	•	•	
9. Name and stree	t address of Florida registered age	ent: (P.O. Box N	OT acceptable)	
Name:	Kaymond May	<u>rin</u>		
Office Address:	20900 W. DIXIE	HWY		
	Aventura	- / FI	orida 33180	
	(City)	,	(Zip code)	
designated in this further agree to co	gent's acceptance: ed as registered agent and to acce application, I hereby accept the a comply with the provisions of all st amiliar with and accept the obliga	appointment as r tatutes relative to	egistered agent and agree to the proper and complete pe	act in this capacity.
	Millie			
_	(Registered a	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:	
A. DIRECTORS.	
Chairman:	
Address:	
Vice Chairman:	76.7
Address:	AK MAY
	27 288F
Director:	79 - 3
Address:	P P P P P P P P P P
Director	
Director:	,
Address:	
President: Steven D. Dobbs Address: 122 Termino Aul, Long Beach, C Vice President: Anne E. Marin Address: 1107 N. Man Vista Aur, Pasade	Α
Address: 10/ N. Mak VISIA AW, Musual	<u>, , , , , , , , , , , , , , , , , , , </u>
Secretary: Anne E. Marin	
Address: Same as above	
Treasurer: Steven D. Dabbs	
Address: Same as above	
NOTE: If necessary, you may attach an addendum to the application listing additional of	ficers and/or directors.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirm are true and that he or she is aware that false information submitted in a document to the I a third degree felony as provided for in s.817.155, F.S.	Department of State constitutes
14. Anne E. Marin, Vice President (Typed or printed name and capacity of person signing application)	
(1) ped of printed name and capacity of person signing application	117

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SECURE TRANSPORTATION COMPANY, INC.

FILE NUMBER:

C1272607

FORMATION DATE:

03/27/1985

TYPE:

DOMESTIC CORPORATION

JURISDICTION: CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

14 MAY 27 AM 9: 40
SECRETARY OF STATE

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 May 12, 2014.

DEBRA BOWEN Secretary of State