

F14000003571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

08/25/14--01029--018 **70.00

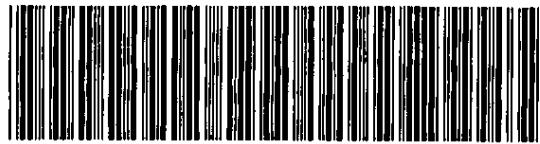
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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REGISTRATION
DIVISION OF RECORDS
F14 AUG 29 PH 2:57

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: COUERT SECURITY SERVICES INC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

TAD LAMBS

Name of Person

COUERT SECURITY SERVICES, INC.

Firm/Company

3481 S. DIXIE HIGH #165

Address

FRANKLIN DIL 45005

City/State and Zip code

INFO@MYHDHOME.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAD LAMBS

Name of Person

513 242-824

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 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.*

COVERT SECURITY SERVICES INC

1. COVERT SECURITY SERVICES 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. WYOMING 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JUNE 16 2011 5. PERPETUAL
(Date of incorporation) (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. 1712 Prowess Ave Ste 115 Cheyenne, WY 82001
(Principal office address)

3481 S. DAME Hwy Ste 165 Franklin OH 44305
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc.
Office Address: 3030 N. Rocky Point Dr, STE 150A
Tampa, Florida 33607
(City) (Zip code)

9. 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.



Dan Keen, President

(Registered agent's signature)

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DIVISION OF STATE
REGISTRATION
AND RECORDS
DEPARTMENT OF STATE
FLORIDA

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: TAD LAMBS

Address: 1784 WINDFLOWER CT
LEBANON OH 45036

Vice Chairman: ROBIN LAMBS

Address: 1784 WINDFLOWER CT
LEBANON OH 45036

Director: CALEB LAMBS

Address: 1784 WINDFLOWER CT
LEBANON OH 45036

Director: _____

Address: _____

B. OFFICERS

President: CALEB LAMBS

Address: 1784 WINDFLOWER CT
LEBANON OH 45036

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LEBANON OH
FBI
LEBANON OH

Vice President: TAD LAMBS

Address: 1784 WINDFLOWER CT
LEBANON OH 45036

Secretary: CALEB LAMBS

Address: 1784 WINDFLOWER CT

Treasurer: CALEB LAMBS

Address: 1784 WINDFLOWER CT

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

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.

13. TAD LAMBS, C

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

STATE OF WYOMING
Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Covert Security Services, Inc.
is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **June 16, 2011**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2011-000602994**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 19th day of August, 2014 at 11:24 AM. This certificate is assigned 016140418.





Secretary of State