

F 14000004146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

193.637-647.



000263683570

09/02/14--01027--018 \*\*78.75

FILED

14 OCT -2 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/2/14

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** SYMMETRY TECHNOLOGIES, 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:

BOBBY VARMA

Name of Person

SYMMETRY TECHNOLOGIES, INC.

Firm/Company

610 Crown Oak Centre Drive

Address

Longwood, Florida 32750

City/State and Zip code

Varma1@cfl.rr.com

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

For further information concerning this matter, please call:

BOBBY VARMA

Name of Person

at ( 407 ) 834-7344

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:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|---|---|

FILED  
14 OCT - 2 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 30, 2014

BOBBY VARMA  
610 CROWN OAK CENTRE DRIVE  
LONGWOOD, FL 32750

SUBJECT: SYMMETRY TECHNOLOGIES, INC.  
Ref. Number: W14000054096

We have received your document for SYMMETRY TECHNOLOGIES, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 914A00020871

FILED  
14 OCT - 2 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

14 SEP 26 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 4, 2014

BOBBY VARMA  
610 CROWN OAK CENTRE DRIVE  
LONGWOOD, FL 32750

SUBJECT: SYMMETRY TECHNOLOGIES, INC.  
Ref. Number: W14000054096

We have received your document for SYMMETRY TECHNOLOGIES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 014A00018924

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT -2 PM 3:12

FILED

**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.*

**SYMMETRY TECHNOLOGIES, INC.**

1. \_\_\_\_\_  
(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. NEVADA 3. N/A 76-0696025  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 30, 2001 5. N/A perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Oct 1st 2014  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 610 Crown Oak Centre Drive, Longwood, Florida 32750  
(Principal office address)

610 Crown Oak Centre Drive, Longwood, Florida 32750  
(Current mailing address)

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

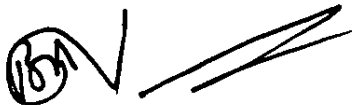
Name: Bobby Varma

Office Address: 610 Crown Oak Centre Drive

Longwood, Florida 32750  
(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.*



\_\_\_\_\_  
(Registered agent's signature)

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.

FILED  
14 OCT -2 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Bobby Varma

Address: 610 Crown Oak Centre Drive, Longwood, Florida 32750

FILED  
14 OCT -2 PM 3-12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Vice Chairman: N/A

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

Director: N/A

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

Director: N/A

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

**B. OFFICERS**

President: Bobby Varma

Address: 610 Crown Oak Centre Drive, Longwood, Florida 32750

Vice President: N/A

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

Secretary: Bobby Varma

Address: 610 Crown Oak Centre Drive, Longwood, Florida 32750

Treasurer: Bobby Varma

Address: 610 Crown Oak Centre Drive, Longwood, Florida 32750

**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. Bobby Varma

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

## SECRETARY OF STATE

**CERTIFICATE OF EXISTENCE  
WITH STATUS IN GOOD STANDING**

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SYMMETRY TECHNOLOGIES, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 30, 2001, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 30, 2014.



*[Signature]*  
ROSS MILLER  
Secretary of State

Electronic Certificate  
Certificate Number: C20140930-3286  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>

FILED  
14 OCT -2 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA