

### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000277967 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION

Account Number : FCA00000023

Phone : (850)222-1092

Fax Number : (850)878-5368

date of supmission 12/2

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

Email Address:

### FOREIGN PROFIT/NONPROFIT CORPORATION

E.J. Brooks Company

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 989     |
| Estimated Charge      | \$70.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

#### **COVER LETTER**

| TO: New Filing Section Division of Corporations                                                                                                                                                                                                                                  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| SUBJECT: E.J. Brooks Company  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:                                                                                                                                                                                                        |  |  |  |
| Desdemena Sesay on Brune Heinemann                                                                                                                                                                                                                                               |  |  |  |
| E. T. Brooks Firm/Company                                                                                                                                                                                                                                                        |  |  |  |
| 409 Hoosier Dr                                                                                                                                                                                                                                                                   |  |  |  |
| Angola, IN 46703-9335 City/State and Zip code                                                                                                                                                                                                                                    |  |  |  |
| desdemona.sesay@tydenbrooks.com  E-mail address: (to be used for future annual report potification)                                                                                                                                                                              |  |  |  |
| For further information concerning this matter, please call:                                                                                                                                                                                                                     |  |  |  |
| Desdemeno Sesay at (770) 827-7207 ce 614-753-4143 Name of Person 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 Division of Corporations Tallahassee, FL 32314                             |  |  |  |
| Hinclosed is a check for the following amount:                                                                                                                                                                                                                                   |  |  |  |
| S70.00 Filing Fee \$ \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy                                                                                                                   |  |  |  |

850-617-6381

12/3/2014 11:29:45 AM PAGE 1/001 Fax Server



December 3, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: E.J. BROOKS COMPANY

REF: W14000072015

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 sheet.

The person signing on numbers 12 and 13 must be listed on number 11.

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

Claretha Golden Regulatory Specialist II New Filing Section

FAX Aud. #: H14000277967 Letter Number: 914A00025394

10.000 MARINET 12/2

14 DEC -3 PHI2: 57

P.O BOX 6327 - Tallahassec, Florida 32314

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607. I 503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| <del> </del>                                                                                |                                                                                                                                                                                                                                                                         |                                                                                                                                       |                                                                           |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| (If name unavail                                                                            | able in Florida, enter alternate corporate name                                                                                                                                                                                                                         | adopted for the purpose of transacting t                                                                                              | ousiness in Florida)                                                      |
| 2. New Jersey                                                                               |                                                                                                                                                                                                                                                                         | ·                                                                                                                                     |                                                                           |
| (State or country                                                                           | y under the law of which it is incorporated)                                                                                                                                                                                                                            | (FEI number, if appli                                                                                                                 | cable)                                                                    |
| 4. 10/15/2012                                                                               |                                                                                                                                                                                                                                                                         | Perpetual                                                                                                                             |                                                                           |
| (Date                                                                                       | e of incorporation)                                                                                                                                                                                                                                                     | (Duration: Year corp. will cease to ex                                                                                                | cist or "perpetual")                                                      |
| 6. Upon Qualifica                                                                           |                                                                                                                                                                                                                                                                         |                                                                                                                                       |                                                                           |
|                                                                                             |                                                                                                                                                                                                                                                                         | in Florida, if prior to registration)<br>502, F.S., to determine penalty liability;                                                   | 1                                                                         |
| - 400 11 1 70                                                                               | ·                                                                                                                                                                                                                                                                       |                                                                                                                                       | ,                                                                         |
| 7.409 Hoosier Dr.,                                                                          | Angola, IN 46703-9335 (Principal office add                                                                                                                                                                                                                             | iress)                                                                                                                                |                                                                           |
|                                                                                             | <b>(*****************************</b>                                                                                                                                                                                                                                   | ,                                                                                                                                     |                                                                           |
| same                                                                                        | (Current mailing ad                                                                                                                                                                                                                                                     | Iress)                                                                                                                                |                                                                           |
|                                                                                             | ,                                                                                                                                                                                                                                                                       | ·                                                                                                                                     | ÷(∵) →                                                                    |
|                                                                                             |                                                                                                                                                                                                                                                                         |                                                                                                                                       |                                                                           |
| 8. Name and stre                                                                            | ct address of Florida registered agent: (P.                                                                                                                                                                                                                             | O. Box NOT acceptable)                                                                                                                | 0HC                                                                       |
|                                                                                             | et address of Florida registered agent: (P.                                                                                                                                                                                                                             | O. Box <u>NOT</u> acceptable)                                                                                                         | DEC -2                                                                    |
| 8. Name and sire<br>Name:                                                                   | ct address of Florida registered agent: (P.                                                                                                                                                                                                                             | O. Box NOT receptable)                                                                                                                | DEC -2 /                                                                  |
|                                                                                             |                                                                                                                                                                                                                                                                         | O. Box <u>NOT</u> acceptable)                                                                                                         |                                                                           |
| Name:                                                                                       | C T Corporation System 1200 South Pine Island Road                                                                                                                                                                                                                      |                                                                                                                                       |                                                                           |
| Name:                                                                                       | C T Corporation System                                                                                                                                                                                                                                                  | O. Box <u>NOT</u> acceptable)                                                                                                         |                                                                           |
| Name: Office Address:                                                                       | C T Corporation System  1200 South Pine Island Road  Plantation  (City)                                                                                                                                                                                                 | , Florida <u>33324</u>                                                                                                                |                                                                           |
| Name: Office Address:  9. Registered ag                                                     | C T Corporation System  1200 South Pine Island Road  Plantation  (City)                                                                                                                                                                                                 | , Florida <u>33324</u><br>(Zip code)                                                                                                  | ######################################                                    |
| Name: Office Address:  9. Registered as Having been nan designated in this                  | C T Corporation System  1200 South Pine Island Road  Plantation  (City)  cont's acceptance:  med as registered agent and to accept serve application, I hereby accept the appoint                                                                                       | , Florida <u>33324</u> (Zip code)  vice of process for the above stated among the stated agent and agree                              | corporation at the place to act in this capacity.                         |
| Name: Office Address:  9. Registered as Having been nan designated in this further agree to | C T Corporation System  1200 South Pine Island Road  Plantation  (City)  cont's acceptance:  med as registered agent and to accept services.                                                                                                                            | , Florida 33324 (Zip code)  rice of process for the above stated among the stated agent and agree relative to the proper and complete | corporation at the place to act in this capacity.                         |
| Name: Office Address:  9. Registered as Having been nan designated in this further agree to | C T Corporation System  1200 South Pine Island Road  Plantation  (City)  Tent's acceptance:  The das registered agent and to accept serve application, I hereby accept the appoint comply with the provisions of all statutes familiar with and accept the obligations. | , Florida 33324 (Zip code)  rice of process for the above stated among the stated agent and agree relative to the proper and complete | corporation at the place to act in this capacity.                         |
| Name: Office Address:  9. Registered as Having been nan designated in this further agree to | C T Corporation System  1200 South Pine Island Road  Plantation  (City)  Gent's acceptance:  The description of a comply with the provisions of all statutes                                                                                                            | , Florida 33324 (Zip code)  rice of process for the above stated among the stated agent and agree relative to the proper and complete | corporation at the place<br>to act in this capacity.<br>performance of my |

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.

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14 DEC -2 AM 11: 40

| 11. Names and business addresses of officers and/or directors:                                                                            | 14 DEC -2 AM 11-4                           |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| A. DIRECTORS                                                                                                                              | SEGRETANY OF STATE<br>TALLARASSEE, FLORID   |
| Chairman: SEE ATTACHMENT                                                                                                                  |                                             |
| Address:                                                                                                                                  | · · · · · · · · · · · · · · · · · · ·       |
|                                                                                                                                           |                                             |
| Vice Chairman:                                                                                                                            |                                             |
| Address:                                                                                                                                  |                                             |
|                                                                                                                                           |                                             |
| Director:                                                                                                                                 |                                             |
| Address:                                                                                                                                  |                                             |
|                                                                                                                                           |                                             |
| Director:                                                                                                                                 |                                             |
| Address:                                                                                                                                  |                                             |
|                                                                                                                                           |                                             |
| B. OFFICERS                                                                                                                               |                                             |
| President: SEE ATTACHMENT                                                                                                                 |                                             |
| Address:                                                                                                                                  |                                             |
|                                                                                                                                           |                                             |
| Vice President:                                                                                                                           |                                             |
| Address:                                                                                                                                  |                                             |
|                                                                                                                                           |                                             |
| Secretary:                                                                                                                                |                                             |
| Address:                                                                                                                                  |                                             |
| Treasurer:                                                                                                                                |                                             |
| Address:                                                                                                                                  |                                             |
| NOTE: If the cessary, you may affect an addengum to the application listing ad                                                            | ditional officers and/or directors          |
| 12. Sm He                                                                                                                                 | mandam viitara mandi dilebiolo.             |
| Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 a                          | hour) affirms that the facts stated bearing |
| are true and that he or she is aware that false information submitted in a docum a third degree felony as provided for in s.817.155, F.S. | ent to the Department of State constitutes  |
| 13. Bruce Heinemann, Treasures                                                                                                            |                                             |
| (Typed or printed name and capacity of person signing                                                                                     | application)                                |

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14 DEC -2 MITH 40

SEGMETANT OF STATE

## E.J. Brooks Company Board of Directors

Wesley Chen

409 Hoosier Dr.

Angola, IN 46703-9335

John Paul-Ho

409 Hoosier Dr.

Angola, IN 46703-9335

Ian Morton

409 Hoosier Dr.

Angola, IN 46703-9335

Robert Conrads

409 Hoosier Dr.

Angola, IN 46703-9335

Kevin Yamashita

409 Hoosier Dr.

Angola, IN 46703-9335

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## E.J. Brooks Company Officers

Ian Morton

President

409 Hoosier Dr.

Angola, IN 46703-9335

John Spillane

Secretary

409 Hoosier Dr.

Angola, IN 46703-9335

Bruce Heinemann

Treasurer

409 Hoosier Dr.

Angola, IN 46703-9335

14 DEC -2 MIN N
SECRETARY OF STATE

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

#### E.J. BROOKS COMPANY

3652201000

With the Previous or Alternate Name

### E. J. BROOKS COMPANY (Previous Name) TYDEN BROOKS SECURITY PRODUCTS GROUP (Alternate Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on January 5, 1929.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Corporation Service Company 830 Bear Tavern Road West Trenton, NJ 08628



Certification# 134305873

Verify this certificate at https://www.l.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp

IN TESTIMONY WHEREOF. I have hereunto set my hand and affixed my Official Seal at Trenton, this 24th day of November, 2014

A. a.

Andrew P Sidamon-Eristoff
State Treasurer