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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842

Fax Number : (850)878-5368

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 Safety Holdings, Inc.

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

TO: New Filing So Division of Co				
	loldings, inc.			
30b3£C1	Name of corpora	tion - must include suffix		
Dear Sir or Madam:				
"Certificate of Exister	ation by Foreign Corporation nce," or "Certificate of Good ign corporation to transact bu	Stunding" and check are sub-	et Business in Florida," mitted to register the	
Please return all corre	spondence concerning this m	atter to the following:		
	Namo	e of Person		
	Firm/	Company		_
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	City/Sta	ate and Zip code		5
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For further information	E-mail address: (to be u on concerning this matter, ple	sed for future annual report rase cult:	notification)	FILEU m 27 m
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New Filing S Division of C Clifton Build	orporations Ing ve Center Circle	MAILING A New Filing So Division of Co P.O. Box 6323 Tallahassee. F	ection orporations 7	
Enclosed is a check for	or the following amount:			
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certificate of Sta	

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. SAFETY HOLDINGS, 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) (State or country under the law of which it is incorporated) (FEI number, if applicable) PERPETUAL (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") <u>. 01/01/2015</u> (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8814 HORIZON BLVD. NE SUITE 100 ALBUQUERQUE, NM 87113 (Principal office address) 8814 HORIZON BLVD. NE. SUITE 100 - ALBUQUERQUE, NM 87113 (Current mailing address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) 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 appaints. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of miduties, and I am familiar with and accept the obligations of my position as registered agent. C T Corporation System By:

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

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under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chainnan: JOHN BINGAMAN
Address: 8814 HORIZON BLVD. NE, SUITE 100
ALBUQUERQUE, NM 87113
Vice Chairman:
Address:
Director: JOHN RAEDER
Address: 8814 HORIZON BLVD. NE, SUITE 100
ALBUQUERQUE, NM 87113
Director:
8814 HORIZON BLVD. NE, SUITE 100
ALBUQUERQUE, NM 87113
B. OFFICERS
President:
Address: 8814 HORIZON BLVD. NE. SUITE 100
ALBUQUERQUE, NM 87113
Vice President:
Address: 8814 HORIZON BLVD. NE, SUITE 100
ALBUQUERQUE, NM 87113
JOSEPH JOHNSON - CPO
8814 HORIZON BLVD. NE, SUITE 100 ALBUQUERQUE, NM 87113
Treasurer:
Address:
NOTE: If necessary, you may grath 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. 12 RICHARD CRAWFORD
(Typed or printed name and capacity of person signing application)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAFETY HOLDINGS INC." 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 TWENTY-SIXTH DAY OF AUGUST, A.D. 2015.

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

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

DATE: 08-26-15