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(Address)					
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□ PICK-UP	☐ WAIT	MAIL			
	<b></b>				
(Bu	isiness Entity Nar	ne)			
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Cartified Casins Cartificates of Status					
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

5-54068

SEP 1 4 2015 To 2013 A 2015

## **COVER LETTER**

TO: Registration Section Division of Corpo			•	
•				
SUBJECT: Lockdown I				
	Name of corporat	tion - musi	include suffix	
Dear Sir or Madam:				
The enclosed "Application "Certificate of Existence," above referenced foreign of	or "Certificate of Good S	Standing"	and check are sub	
Please return all correspon	dence concerning this ma	itter to the	following:	
	Wayne Sma	rt Presiden	t	
	Name	of Person		
	Lockdowr	Parol Inc		
	Firm/C	Company		
	1369 Bro	adway PO	Box 210228	
	<del></del>	ddress		
	Brooklyn,	NV 11221		
<del></del>		te and Zip	code	
	ŗ	·		
	Wayne@ld E-mail address: (to be us	ed for fun	om ire annual report i	notification)
For further information co	·		·	ŕ
Wayne Smart	at ( 917	7 )	620-8091	
Name of Person	Area (		Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the	e following amount:			
□ \$70.00 Filing Fee (	■ \$78.75 Filing Fee & Certificate of Status		75 Filing Fee & ified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy



RECEIVED

15 SEP 14 PM 1: 44

SECRETARI CH STATE
TALLAHASSEE, FLORIDA

August 11, 2015

WAYNE SMART LOCKDOWN PATROL INC. 177 COVERT ST BROOKLYN, NY 11207

SUBJECT: LOCKDOWN PATROL INC.

Ref. Number: W15000054068

We have received your document for LOCKDOWN PATROL INC. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a, but your entity is a. Please complete and return the enclosed blank form(s).

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

Please return 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) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 515A00016952

## 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.

	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	<del></del>
Lockdown Secu			
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business i	in Florida)
2. New York	<del></del>	204062109	
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. February 14,20	<del></del>	9 years 6months 26 days	<del></del>
(Date	of incorporation)	(Date of duration, if other than perpet	ual)
6. November 15,	2015		
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	<u> </u>
7. 5323 Millenia La	kes Blvd Suite 300 Orlando, FL 32839		
	(Princi	pal office address)	
1369 Broadway	PO Box 210228 Brooklyn, NY 11221		·····
	(Current maili	ng address, if different)	
8. Name and stree	et address of Florida registered agent: (P. Eric Rogers	O. Box NOT acceptable)	SE OR SEP
Office Address:	717 SE 16th Street # 3	57 79 	
	Fort Lauderdale	, Florida 33316	
	(City)	(Zip code)	T: 52
designated in this further agree to c	ed as registered agent and to accept serve application, I hereby accept the appoint omply with the provisions of all statutes familiar with and accept the obligations of the control of t	ice of process for the above stated corpora ment as registered agent and agree to act is relative to the proper and complete perform of my position as registered agent.  agent's signature)	tion at the place n this capacity. I
the Department of	certificate of existence duly authenticated State, by the Secretary of State or other which it is incorporated.	, not more than 90 days prior to delivery of official having custody of corporate records	this application to in the jurisdiction

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman; Address: \_\_\_\_ Vice Chairman: Address: Address: Director: **B. OFFICERS** President: Wayne Smart Address: 177 Covert Street Brooklyn, NY 11207 Vice President: Secretary: Address: \_\_\_ Treasurer: Address: \_\_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. \_\_\_\_\_ Wayne Smart

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

## State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of LOCKDOWN PATROL INC. was filed on 02/14/2006, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.

\*\*\*

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 15th day of July two thousand and fifteen.

Country Sicilian

Executive Deputy Secretary of State

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