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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 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:
Heath Bideau
Name of Person
Digital Ally, Inc.  Firm/Company
9705 Lorret Blvd. Address
Lenexa, KS U1219
bids adjuinc. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Heath Ballu at (913) 814 - 7774  Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Constant of Corporations Tallahassee, FL 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\Boxed{\sigma}\$ \$78.75 Filing Fee & \$\Boxed{\sigma}\$ \$78.75 Filing Fee & \$\Boxed{\sigma}\$ \$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.

1. Digita	11 Ally inc		
(Enter name of c	corporation; must include "INCORPORATED," "(Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION	ON,"
me., co., c	corp, the, co, or corp.		
(If name unavail	lable in Florida, enter alternate corporate name ado	pted for the purpose of transact	ting business in Florida)
2. <u>Nevad</u>	3	20-0044269	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
4. Dec. 13	th, 2000 5.		
(Date	c of incorporation) 5.	(Date of duration, if oth	er than perpetual)
6.			
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	orida, if prior to registration)	:11:4-1
0700		•	mity)
7. 9705	Loiret Blvd., Lenexa, KS	office address)	
	(гикіраі с	office address)	
<del></del>	(Current mailing a	ddress, if different)	22 E
			4 T
8. Name and stre	et address of Florida registered agent: (P.O. E	Box NOT acceptable)	(0)=1
Name:	Tran Michal		第二
ranc.	Trug received	<del></del>	河 平 〇
Office Address:	1540 Hidden Wood Rd.	_	2:5
	Cocoa Beach	, Florida <u>32926</u> .	310 o
	(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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Stanton E. ROSS Address: 9705 Lorret Blvd., Linexa, KS U6219 Vice Chairman: Thomas Heckman Address: 9705 LOIYET BIVD., LENEXU, VS Lelez19 Director: Levou C. Pichie Address: 9705 Loiret Blud, Lenexa KS 61219 Director: Elliot W. Kaplan Address: 9705 Loiret Bivd. Lenexa, KS 1010219 **B. OFFICERS** President: 1 Stanton E. ROSS Address: 9705 LOIVET BIND., IONEXU, KS LOLEZIA Vice President: (Thomas Helkman Address: 9705 LOIVET BIVA. LENEXA, KS 610219 Secretary: Thomas Helkman Address: 9705 LOIVET BIVO., Lenexa, KS 1010719 Treasurer: Thomas Helkman Address: 9705 LOIPET BIVA. LENUXA, KS W10219 **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 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. homas Heckman - Chief Financial Officer (Typed or printed name and capacity of person signing application)



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, 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, **DIGITAL ALLY, 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 December 13, 2000, 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 August 21, 2015.

Bollara K. Cegevske

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20150821-0390
You may verify this electronic certificate
online at http://www.nvsos.gov/