

F15000004932

(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:

W/15-70164 concert

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
NOV - 9 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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15 NOV -6 PM 12: 28
TALLAHASSEE, FLORIDA

October 22, 2015

CELIA C GENG & CO., LLC
CELIA C GENG, CPA
4128 COLLEGE POINT BLVD
FLUSHING, NY 11355

SUBJECT: GUARIDAN ONE INC.
Ref. Number: W15000070164

We have received your document for GUARIDAN ONE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 815A00022423

COVER LETTER

TO: Registration Section
Division of Corporations
GUARDIAN ONE INC.

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:
CELIA C GENG, CPA

Name of Person
CELIA C GENG & CO., LLC

Firm/Company
4128 COLLEGE POINT BLVD

Address
FLUSHING, NY 11355

City/State and Zip code
ECORP@GENGCPA.COM

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

For further information concerning this matter, please call:

CELIA C GENG, CPA 718 8881898
_____ at (_____) _____
Name of Person Area Code Daytime Telephone 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 following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy



CELIA C. GENG & CO., LLC
CERTIFIED PUBLIC ACCOUNTANTS

41-28 College Point Blvd. Flushing, NY 11355 USA

Phone: (718)888-1898

Fax: (718)888-2369

Email: gengcpa@yahoo.com

October 30, 2015

Florida Department of State
Division of Corporations

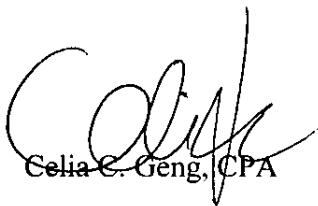
Re: Response to Letter Number 815A00022423
Guaridan One Inc.
Ref. Number: W15000070164

Dear Ms. Karen A Saly:

This is a response to the letter that was sent out to Guaridan One Inc. on October 22, 2015. I am writing this letter to certify that Guaridan One Inc. is the same entity from the existing business and both entities have the same principals. Enclosed is a copy of the letter that was sent out on October 22, 2015. Should you have any questions, please do not hesitate to let us know.

Your immediate attention to this matter will be highly appreciated.

Very truly yours,


Celia C. Geng, CPA

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TALLAHASSEE, FLORIDA

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.

GUARDIAN ONE 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)

NEW YORK 47-2221565

2. (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)

10/31/2014

4. (Date of incorporation) 5. (Date of duration, if other than perpetual)

10/31/2014 (P14000094461)

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

3741 SW COQUINA COVE WAY, STE 207, PALM CITY, FL 34990

7. (Principal office address)

266 MERRICK ROAD, FIRST FLOOR, LYNBROOK, NY 11563

(Current mailing address, if different)

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

PAULE OLIVERI

Name: 3741 SW COQUINA COVE WAY #207

Office Address: PALM CITY 34990

(City), Florida (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.

Paule Oliveri

(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

HING-TACK CHAN

Chairman: _____
266 MERRICK ROAD, FIRST FLOOR, LYNBROOK, NY 11563

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

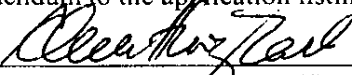
Address: _____

Treasurer: _____

Address: _____

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.

HING-TACK CHAN

13. _____

(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 GUARDIAN ONE INC. was filed on 10/31/2014, 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.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 16th day of September
two thousand and fifteen.*

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State

201509170680 * 50

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