

11/24/2015 11:23:00

From:

To: H150002785653( )

Division of Corporations

Page 1

# F15000005206

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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: \_\_\_\_\_

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15 NOV 23 AM 8:56  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION  
360 Surveillance Inc.

Certificate of Status	0
Certified Copy	0
Page Count	087
Estimated Charge	\$70.00

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Corporate Filing Menu

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11/23

11/24/2015 11:23:36 AM From: To: 8506176383( 2/7 )  
850-817-6381 11/24/2015 9:29:38 AM PAGE 1/001 Fax Server



November 24, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: 360 SURVEILLANCE, INC.  
REF: W15000076564

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.

WE DID NOT RECEIVED THE ADDENDUM,

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.

Yasemin Y Sulker  
Regulatory Specialist II

FAX Aud. #: H15000278565  
Letter Number: 015A00024723

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 11/23

11/24/2015 11:23:36 AM From: To: 8506176383( 3/7 )

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 360 Surveillance, Inc.

*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:

Kristin Terry

*Name of Person*

FLIR Systems, Inc.

*Firm/Company*

27700 SW Parkway Ave.

*Address*

Wilsonville, OR 97070

*City/State and Zip code*

kristin.terry@flir.com

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

For further information concerning this matter, please call:

Kristin Terry

at ( 503 )

498-3547

*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

**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. 360 Surveillance, 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)

2. Canada

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. 07/01/2014

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. \_\_\_\_\_

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

7. 4218 Commerce Circle, Victoria, BC V8Z 6N6 Canada

(Principal office address)

27700 SW Parkway Ave., Wilsonville, OR 97070

(Current mailing address, if different)

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, FL

(City)

, Florida 33324

(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.*

NRAI Services, Inc.

By: Jane Zachritz

(Registered agent's signature)

**Jane Zachritz  
Asst. Secretary**

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: See attached addendum

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**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.

13. Mark Brown, Director and General Manager

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

FILED  
15 NOV 23 AM 8:56  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**360 Surveillance Inc.**

**REGISTER OF OFFICERS**

Full Name	Address	Office
Thomas A. Surran	27700 SW Parkway Avenue Wilsonville, OR USA 97070	President
Todd M. DuChene	27700 SW Parkway Avenue Wilsonville, OR USA 97070	Secretary
Heather F. Christiansen	27700 SW Parkway Avenue Wilsonville, OR USA 97070	Assistant Secretary
Mark Brown	4218 Commerce Circle Victoria BC V8Z 6N6 Canada	General Manager
Cynthia McNickle	27700 SW Parkway Avenue Wilsonville, OR USA 97070	Chief Financial Officer

**REGISTER OF DIRECTORS**

Full Name	Address
Thomas A. Surran	27700 SW Parkway Avenue Wilsonville, OR USA 97070
Todd M. DuChene	27700 SW Parkway Avenue Wilsonville, OR USA 97070
Heather F. Christiansen	27700 SW Parkway Avenue Wilsonville, OR USA 97070
Mark Brown	4218 Commerce Circle, Victoria BC V8Z 6N6 Canada

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TALLAHASSEE, FLORIDA

11/24/2015 11:23:36 AM From: To: 8506176383( 7/7 )

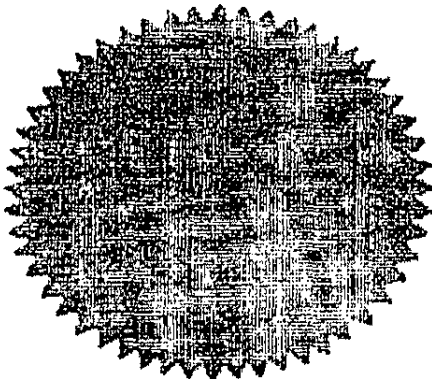


*Number: A0094129*

# **CERTIFICATE OF GOOD STANDING**

## ***BUSINESS CORPORATIONS ACT***

***I Hereby Certify that,*** according to the corporate register maintained by me, **360 SURVEILLANCE INC.** is registered as an amalgamated extraprovincial company under the laws of the Province of British Columbia and is, with respect to the filing of annual reports, in good standing.



*Issued under my hand at Victoria, British Columbia  
On November 20, 2015*

**CAROL PREST**  
*Registrar of Companies*  
Province of British Columbia  
Canada