

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)817-8383

From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

SEP 15 2016
10 SEP 15 AM 10:49
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

****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
Security Housing, Incorporated

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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SEP 16 2016
J. HARRIS
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**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.*

Security Housing, Incorporated

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)
North Carolina N/A

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
08/11/1950

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
N/A

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
3030 N. Rocky Point Dr. Ste 150A, Tampa, FL

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: NORTHWEST REGISTERED AGENT LLC

Office Address: 3030 N. Rocky Point Drive, STE 150A

TAMPA, Florida 33607
(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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Leonard S. Samet
901 Battleground Avenue, Suite B, Greensboro, NC 27408
Address: _____

Vice Chairman: _____
Address: _____

Director: Arthur L. Samet
901 Battleground Avenue, Suite B, Greensboro, NC 27408
Address: _____

Director: Mollie S. Lafferman
901 Battleground Avenue, Suite B, Greensboro, NC 27408
Address: _____

B. OFFICERS

President: Leonard S. Samet
901 Battleground Avenue, Suite B, Greensboro, NC 27408
Address: _____

Vice President: _____
Address: _____

Secretary: Arthur L. Samet
901 Battleground Avenue, Suite B, Greensboro, NC 27408
Address: _____

Treasurer: Mollie S. Lafferman
901 Battleground Avenue, Suite B, Greensboro, NC 27408
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. Leonard S. Samet, President
(Typed or printed name and capacity of person signing application)



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

SECURITY HOUSING, INCORPORATED

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 11th day of August, 1950, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 14th day of September, 2016.

Elaine F. Marshall

Secretary of State