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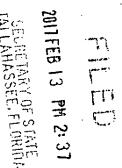
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K. SALY FEB 1 6 2017

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Controlled Solutions and Security, 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:
Sandra Culpepper Name of Person
Controlled Solutions and Security, Inc. Firm/Company
408 W.D. Stalvey Rd.
Address
Hahira, GA 31632 City/State and Zip code
City/State and Zip code
gate Keeper 1023@ gmail.com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sandra Cupepper at (229) 460-5127  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 Certified Copy \$87.50 Filing Fee, 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. <u>Controlled Solutions and Security, Inc.</u> (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. Georgia 30-0965407
(State or country under the law of which it is incorporated) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1524 S. SR53 Madison, FL 32340

(Principal office address)

408 W.D. Stalvey Rd. Hahira, GA 3163'

(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Madison 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. Sandra Culpepper
(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: Sandra Culpepper Hahira. GA 31632 stalvey Ad. 31632 Culpepper Hahira, **B. OFFICERS** 31632 Stalvey Rd. Hahira, GA 31632 Stalvey Rd. Habira NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. ulpepper 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.

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

Control Number: 16113543

# STATE OF GEORGIA

## **Secretary of State**

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

MILER 13 PM 2:38

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### Controlled Solutions and Security, Inc.

#### a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auti/Filed
Jurisdiction
Print Date
Form Number

: 14027425 11/29/2016 : Georgia : 02/10/2017 : 211



Brian P. Kemp Secretary of State