

Division of Corporations

<https://efile.sunbiz.org/scripts/efilcovr.exe>

**F17000001819**

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.**

(((H17000109814 3)))



H170001098143ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

**\*\*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**  
**Flexible Lifeline Systems Inc.**

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	\$78.75

O SIMMONS

APR 24 2017

Electronic Filing Menu

Corporate Filing Menu

Help

# 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. FLEXIBLE LIFELINE SYSTEMS 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. DELAWARE

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

3. 81-5422861

(FEI number, if applicable)

4. 02/02/2017

(Date of incorporation)

5. PERPETUAL

(Date of duration, if other than perpetual)

6. N/A

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

7. 100 Stradman Street, Buffalo, NY 14206

(Principal office address)

100 Stradman Street, Buffalo, NY 14206

(Current mailing address, if different)

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

Name: Corporate Creations Network Inc.

Office Address: 11380 Prosperity Farms Road #221B

Palm Beach Gardens

(City)

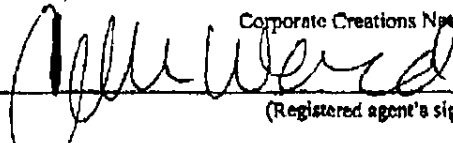
, Florida 33410

(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.

By:



Corporate Creations Network Inc.

Colleen Ward, Special Secretary

(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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: MURRAY C. MUMAUAddress: 100 Stradman Street, Buffalo, NY 14206Director: CHRIS MILBURNAddress: 100 Stradman Street, Buffalo, NY 14206**B. OFFICERS**President: MURRAY C. MUMAUAddress: 100 Stradman Street, Buffalo, NY 14206Vice President: CHRIS MILBURNAddress: 100 Stradman Street, Buffalo, NY 14206Secretary: MURRAY C. MUMAUAddress: 100 Stradman Street, Buffalo, NY 14206Treasurer: MEGAN L. QUINNAddress: 100 Stradman Street, Buffalo, NY 14206

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Megan L. Quinn  
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. MEGAN L. QUINN, TREASURER

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

**FLEXIBLE LIFELINE SYSTEMS INC.**

**Additional List of Directors and Officers:**

**Director: NEIL RUSS - 100 Stradtman Street, Buffalo, NY 14206**

**Assistant Secretary: NEIL RUSS - 100 Stradtman Street, Buffalo, NY 14206**

**Assistant Treasurer: NEIL RUSS - 100 Stradtman Street, Buffalo, NY 14206**

17 APR 21 AM 9:13

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLEXIBLE LIFELINE SYSTEMS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLEXIBLE LIFELINE SYSTEMS INC." WAS INCORPORATED ON THE SECOND DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



6303508 8300

SR# 20171739393

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202187269

Date: 03-13-17

850-817-8381

4/21/2017 11:09:35 AM PAGE 1/001 Fax Server



April 21, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
CORPORATE CREATIONS INTERNATIONAL INC.

SUBJECT: FLEXIBLE LIFELINE SYSTEM INC.  
REF: W17000034443

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.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

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. #: H17000108686  
Letter Number: 617A00007790

2017 APR 21 PM 12:46

TALLAHASSEE, FLORIDA