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| (Re | equestor's Name) | |
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| (Ad | ldress) | |
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| (Address) | | |
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| (Cit | ty/State/Zip/Phone | e #) |
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| PICK-UP | ☐ WAIT | MAIL |
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| (Bu | isiness Entity Nan | ne) |
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| (Do | cument Number) | · |
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| Certified Copies | Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

K. SALY JUL 1 0 2017

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

| Date: | 7/6/17 ACCT. 120160000072 4:() | > |
|--|--|---|
| Name: | C+W Secure Services Inc. | |
| Document #: | | |
| Order #: | 10545191 | |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good | | |
| Standing: | | |
| Apostille/Notarial Certification: | Country of Destination: Number of Certs: | |
| Filing: | Certified: Plain: COGS: | |
| Availability Document Examiner Updater Verifier W.P. Verifier Ref# | Amount: \$ 720 See attached Ar | • |

Thank you!

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: C&W SECURE SERVICES INC. | • |
| | tion - must include suffix |
| Dear Sir or Madam: | |
| The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but | |
| Please return all correspondence concerning this m | atter to the following: |
| JACKIE BILLARD | |
| Name | e of Person |
| POSTERNAK BLANKSTEIN & LUND LLP | |
| Firm/e | Company |
| 800 BOYLSTON STREET | • |
| A | ddress |
| BOSTON, MA 02199 | |
| City/Sta | ate and Zip code |
| jbillard@pbl.com | |
| E-mail address: (to be u | sed for future annual report notification) |
| For further information concerning this matter, plea | ase call: |
| JACKIE BILLARD 617 | 973-6185 |
| 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 & □ \$87.50 Filing Fee, Certified Copy □ 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. C&W SECURE SERVICES 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) (FEI number, if applicable) (State or country under the law of which it is incorporated 4/9/2010 (Date of incorporation) (Date of duration, if other than perpetual) 9/23/2016 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 901 N. PITT STREET, SUITE 220, ALEXANDRIA, VA 22314 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation 33324 Florida (Zip code) (City)

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.

CT Corporation System

AURENKREATZ

(Registered agent's signature) ESIDEN**

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: 20/7 JUL - 7 AM 10t 14 Chairman: N/A |
|---|
| A PINECTORS |
| A. DIRECTORS N/A N/A N/A N/A N/A |
| Chairman: N/A TALLAHASSE OF STAN |
| Chairman: N/A Chairman: Address: N/A Chairman: Address: |
| |
| Vice Chairman: N/A |
| Address: |
| Address. |
| ROGER E. FRISCHKORN Director: |
| 901 N. PITT STREET, SUITE 220, ALEXANDRIA, VA. 22314 |
| Address: |
| PAUL BEDBOROUGH |
| Director: 901 N. PITT STREET, SUITE 220, ALEXANDRIA, VA 22314 |
| Address: Address: |
| B. OFFICERS President: Address: ROGER E. FRISCHKORN 901 N. PITT STREET, SUITE 220, ALEXANDRIA, VA 22314 |
| Vice President: ROGER E. FRISCHKORN |
| 901 N. PITT STREET, SUITE 220, ALEXANDRIA, VA 22314 |
| . Total cost. |
| Secretary: ROGER E. FRISCHKORN |
| Address: 901 N. PITT STREET, SUITE 220, ALEXANDRIA, VA 22314 |
| Treasurer: ROGER E. FRISCHKORN |
| Address: 901 N. PITT STREET, SUITE 220, ALEXANDRIA, VA 22314 |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| 12 E - LUL |
| 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. ROGER E. FRISCHKORN. PRESIDENT |
| (Typed or printed name and capacity of person signing application) |

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "C&W SECURE SERVICES INC." IS DULY

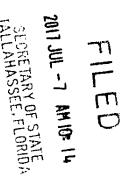
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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





Authentication: 202803054

Date: 06-29-17

4809993 8300 SR# 20175012545



July 6, 2017

FLORIDA DEPARTMENT OF STATE Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: C & W SECURE SERVICES INC.

REF: W17000054418

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.

You failed to make the correction(s) requested in our previous letter.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

There is a balance due of \$720.00.

The registered agent must sign accepting the designation.

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 FAX Aud. #: H17000172027 Letter Number: 917A00013631



Gery Me Made Led. FLORIDA DEPARTMENT OF STATE **Division of Corporations**

July 7, 2017

C T CORPORATION SYSTEM

SUBJECT: C & W SECURE SERVICES INC.

Ref. Number: W17000054418

We have received your document for C & W SECURE SERVICES INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

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: 617A00013723