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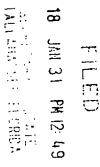
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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FEBOL WIN

COVER LETTER

TO:	Registration Sec Division of Corp	porations			
SUBJ	ECT:	Secur	ityero	include suffix	nc,
		Name of cor	poration - must	include suffix	
Dear S	ir or Madam:				
"Certif	icate of Existence	on by Foreign Corpora e," or "Certificate of G n corporation to transac	ood Standing" a	and check are sub	
Please	return all corresp	ondence concerning th	is matter to the	following: hardson	
		Sec	lable of Person	hardson o Goup han Fola	LINC.
		350	rm/Company	han Pola	Q A103
			Address		(
		Tori	rance	CA 96	<i>50</i> 3
		City	asiate and Zip	gouc	
		Corporate	e sec	urity pro	Stoup. Cam Diffication)
		E-mail åddress: (to l	be used for futu	re annual report n	tetification)
For fur	ther information	concerning this matter.	please call:		
Doug Richardson at (310 Area Code)			658-0417		
	Name of Persor	n A	rea Code	Daytime Telepl	none 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	
Enclos	ed is a check for	the following amount:			
⅓ \$70	0.00 Filing Fee	\$78.75 Filing Fee Certificate of Sta	& 🖫 \$78.7 tus Certi	5 Filing Fee & Tied 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.

	KEIGN CORPORATION TO TRANSACT BU		
1.	Decurity?, Group corporation; must include "INCORPORATED."	Inc.	
(Enter name of o	corporation; must include "INCORPORATED,"	COMPANY, CORPORATION,	
"lnc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")		
_			
	Torida Security Pro able in Florida, enter alternate corporate name ad	Inc	
(If name unavail	able in Florida, enter alternate corporate name ad	opled for the purpose of transacting business in	Florida)
2. Ca	1, Bornia	81-5199242	_
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
(Date	2 11 2016 5	(Date of duration, if other than perpetua	
	•	, , , , , , , , , , , , , , , , , , , ,	•
6	(Date first transacted business in F	larida if prior to registration)	
	(SEE SECTIONS 607 1501 & 607 150)	2 F.S. to determine penalty liability)	
7 25	SI San Ramon Vall (Principal Crevelian Bld A103	'ey Blod # 217 Su &	CA 945-83
/·	(Principal	office address)	<u> </u>
350	Constant RIA AIDE	3 Tarahan CA 9050	2
	(Current mailing	address, if different)	
	, ,		
8 Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
o. Hame and gard			. <u> </u>
Name:	InCorp Services, Inc.		<u>≻-</u> 1 ∞
Office Address:	17888 67th Court North		FILED FILED
Office Address.	i e e e e e e e e e e e e e e e e e e e	- 22470	ω -
	Loxahatchee	Florida 33470 (Zip code)	
	(City)	(Zip code)	7. B D
9. Registered ag	ent's acceptance:		<u> </u>
Having been nam	ned as registered agent and to accept service		
	application, I hereby accept the appointme		
	omply with the provisions of all statutes rel familiar with and accept the obligations of r		nce of my
,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	. 1 1		
	Megan Besser Me	gan Bessey or behalf of InCorp Service	ces, Inc.
	((Registered age	ent'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: David Charles Lostz, Sr.
Address: 2551 San Ramon Valley Blul, #217 San Ramon CA 94583
San Ramon CA 94583
Vice Chairman: Douglas Edward Richardson
Address: 350 Cranshaw Bld, A103
Torrance CA 90503
21 11: 2 1/2
Director: Gregory Philippe Barker
Address: 2551 San Ramon Valley Blul #217 San Ramon CA 94583
Director: David Kirk Smiley
Address: 1880/ Ventur Bld #303
Tarzana, CA 91356
B. OFFICERS
President: David Charles Loetz St
Address: 2551 San Ramon Valley Blul, #217
San Ramon CA 945-83
Vier President: Douglas Edward Richardson
Address: 350 Crenshaw Blue A103
Torrance CA 90503
Secretary: Jouglas Edward Kichardson
Address: 350 (ninshaw Bld A103 Torram of 9050
Treasurer: David Charles Coetz SK
Address: 2551 San Rann Vally Bul #7217 San Ramon CA 94583
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.
(Typed or printed name and capacity of person signing application)
✓ * i

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SECURITYPRO GROUP

FILE NUMBER:

C3953261

FORMATION DATE:

10/11/2016

TYPE:

DOMESTIC CORPORATION

JURISDICTION: CAL

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 12, 2018.

ALEX PADILLA Secretary of State