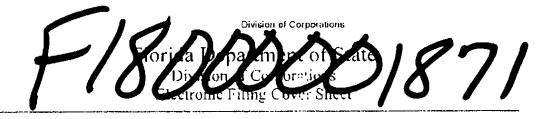
4/18/2018



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.

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-03-15 **Enter the email address for this business entity to be used for annual report mailings. Enter only onememail address please Email Address:___

FOREIGN PROFIT/NONPROF歸 CORPORATION

Nexus Alarm and Suppression, Inc.

Certificate of Status	0
Certified Copy	l
Page Count	04
Estimated Charge	\$78.75

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Corporate Filing Menu

Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLOUIDA

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.

(Enter name of co	d Suppression, Inc. prporation; must include "INCORPORA" prp," "Inc," "Co," or "Corp,")	ED,	" "COMPANY," "CORPORATION,"	—
			de la Contraction de la Contra	
	bie in Florida, enter alternate corporate t	ame	adopted for the purpose of transacting business in Florid	14)
2. <u>WY</u>		_ 3.	83-0288278	
(State or country	v under the law of which it is incorporate	d)	(FEI number, if applicable)	
01/06/1989 1.		5.		
(Date	of incorporation)	-	(Date of duration, if other than perpetual)	
June 1, 2018			- fa	
77	(SEE SECTIONS 607,1501 & y 8 NW, New Brighton, MN 55112	607.1	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
		rmei	ipal office undress)	2 5
6100 S. Maple A	6100 S. Maple Avenue Ste. 116, Tempe, AZ 85283			► 53—
			ing address, if different)	. 52
Name and stree	a address of Florida registered agent:	(P.)	O. Box NOT acceptable)	
Name:	C T Corporation System			
Office Address:	1200 South Pine Island Road			
	Plantation		, Florida 33324	
	(City)		(Zip code)	
9. Registered age	ent'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.

C T Corporation System

By: Danise Bell (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: __Russell A. Becker 1100 Old Highway 8 NW, New Brighton, MN 55112 Address: Vice Chairman: **>t**-Director: Address: __ Director: ____ Address __ B. OFFICERS Russell A. Becker President. 1100 Old Highway 8 NW, New Brighton, MN 55112 Address: Vice President Jon A Bishop 1100 Old Highway 8 NW, New Brighton, MN 55112 Address: Secretary ___ Address: Treasurer: _____ Address ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer

The officer or director signifig 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, §S. $\langle \cdot \cdot \cdot \rangle$.

. Jon Bishon Vice President

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

STATE OF WYO門ING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office.

Nexus Alarm and Suppression, Inc.

s a

Profit Corporation

formed or qualified under the laws of Wyoming did on **January 6**, **1989**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **1989-000252091**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this Official certificate at Cheyenne, Wyoming on this 18th day of April, 2018 at 3:04 PM. This certificate is assigned 026222121.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.