

# F18000003612

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

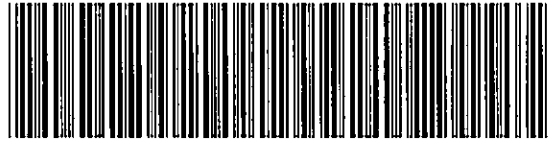
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Spoke to Juan Gonzalez  
who gave permission to  
remove dba.

Office Use Only



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2018 JUL 30 PM 4:41  
JUL 30 2018  
JUL 30 2018

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AUG 07 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 6, 2018

MONICA AVILA  
1045 BAY BLVD STE B  
CHULA VISTA, CA 91911

SUBJECT: EAGLE EYE SECURITY SOLUTIONS, INC  
Ref. Number: W18000062281

RECEIVED  
2018 JUL 30 PM 1:46  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

We have received your document for EAGLE EYE SECURITY SOLUTIONS, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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.

Brittany M Figueroa  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 118A00014003

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Eagle Eye Security Solutions, 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:

Monica Avila

\_\_\_\_\_  
Name of Person

Eagle Eye Security Solutions, Inc.

\_\_\_\_\_  
Firm/Company

1045 Bay Blvd, Suite B

\_\_\_\_\_  
Address

Chula Vista, CA 91911

\_\_\_\_\_  
City/State and Zip code

admin@eessinc.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan F. Gonzalez, Jr.

619

947-5442

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 & Certified 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.*

1. Eagle Eye Security Solutions, Inc.. - - -  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Eagle Eye International Protective Services  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
2. California 3. 26-3395244  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Dec 16, 2013 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. No business transacted to date  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1045 Bay Blvd, Suite B, Chula Vista, CA 91911  
(Principal office address)

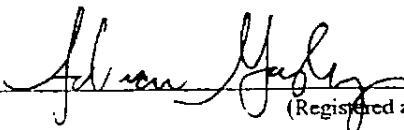
\_\_\_\_\_  
(Current mailing address, if different)

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

Name: Adrian Gonzalez  
Office Address: 6901 SE North Marina Way  
Stuart, Florida 34996  
(City) (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.*

  
(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.

2013 JUL 30 PM 4:41

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Juan F. Gonzalez, Jr

Address: 1045 Bay Blvd, Suite B, Chula Vista, CA 91911

Vice Chairman: Kirk R. Freeman

Address: 1045 Bay Blvd, Suite B, Chula Vista, CA 91911

Director: Juan F. Gonzalez, Jr

Address: 1045 Bay Blvd, Suite B, Chula Vista, CA 91911

Director: Kirk R. Freeman

Address: 1045 Bay Blvd, Suite B, Chula Vista, CA 91911

**B. OFFICERS**

President: Juan F. Gonzalez, Jr

Address: 1045 Bay Blvd, Suite B, Chula Vista, CA 91911

Vice President: Kirk R. Freeman

Address: 1045 Bay Blvd, Suite B, Chula Vista, CA 91911

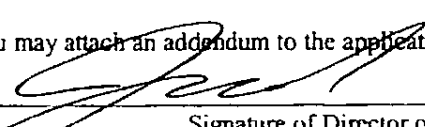
Secretary: Kirk R. Freeman

Address: 1045 Bay Blvd, Suite B, Chula Vista, CA 91911

Treasurer: \_\_\_\_\_

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

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.

13. Juan F. Gonzalez, Jr. CEO

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

**State of California**  
**Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

EAGLE EYE SECURITY SOLUTIONS, INC.

FILE NUMBER: C3625396  
FORMATION DATE: 12/16/2013  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: 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 July 20, 2018.

ALEX PADILLA  
Secretary of State