## F18000003738

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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07/20/18--01002--004 \*+650.00





July 23, 2018

FRANCISCO MORAIS DRUMMOND ADVISORS 840 SUMMER ST., SUITE 206 BOSTON, MA 02127

SUBJECT: VMI SYSTEMS CORP Ref. Number: W18000057985

We have received your document for VMI SYSTEMS CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 718A00015079

9

## **COVER LETTER**

TO:	Registration Section				
	Division of Corporations VMI Systems Corp				
SUB.	JECT:				
	Name (	of corporation -	must include suffix		
Dear :	Sir or Madam:				
"Certi	nclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to to	of Good Stand	ling" and check are subi		
	e return all correspondence concerni sco Morais	ing this matter t	to the following:		
 Drumr	nond Advisors	Name of P	erson		
840 Si	ummer st., Suite 206	Firm/Comp	any	<del></del>	
Bostor	a, MA 02127	Addres	s		
fmorai	s@drummondadvisors.com	City/State and	d Zip code	· · · · · · · · · · · · · · · · · · ·	
	E-mail address	: (to be used fo	r future annual report n	otification)	
For fu	rther information concerning this m	natter, please ca	d1:		
Francisco Morais		781	770-0001		
	Name of Person	Area Code	Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		S:	Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclo	sed is a check for the following amo	ount:			
<b>s</b> \$7	0.00 Filing Fee S78.75 Filing Certificate of	_	\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Conv	

## 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. VMI Systems Corp 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "lnc.," "Co.," "Corp," "Inc," "Co," or "Corp.") VMI Security Corp. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 37-1840038 3. (FEI number, if applicable) 2. (State or country under the law of which it is incorporated) 5. \_\_\_\_\_ (Date of duration, if other than perpetual) (Date of incorporation) 11/01/2017 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 108 West 13th Street, Wilmington, DE 19801 (Principal office address) 1101 Brickell Ave. 8th Floor, South Tower, Miami FL 33131 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) DRUMMOND CONSULTING, LLC (MICHEL DE AMORIM) Name: 601 Brickell Key Drive, Suite 901 Office Address: Miami \_\_\_\_\_, 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, (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: \_\_\_\_\_ Otavio Moraes Viegas Director: Av. Hum 55. Distrito Industrial Genesco Aparecido de Oliveira, Lagoa Santa, MG, Brazil 33400-000 Address: Address: \_\_\_\_\_ **B. OFFICERS** Address: \_\_\_\_\_ DeMeakey Williams Vice President: 2220 Lullwater Ct, Lawrenceville, GA 30043-5138 Secretary: \_ Address: \_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12. \_\_\_ heminsey williams 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. DeMeakey Williams/ VP 13. \_

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

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VMI SYSTEMS CORP" 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-EIGHTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VMI SYSTEMS CORP" WAS INCORPORATED ON THE THIRD DAY OF OCTOBER, A.D. 2016.

Authentication: 202600100

Date: 04-28-18

6171730 8300 SR# 20182797313