## F18000005427

(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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SECRETARY OF STATE VLLAHASSEE, FLORIDA

BL VODICEK

## **COVER LETTER**

TO:	_	ration Secon of Cor					
SUBJ	ECT:	Armor S	Security And Pro	otection Inc.			
			Name	of corporati	on - mu	st include suffix	
Dear S	Sir or Ma	ıdam:					
"Certi	ficate of	Existence		e of Good St	anding'	and check are sub	ct Business in Florida," mitted to register the
Please	return a	ill corresp	ondence concert	ing this mat	ter to th	e following:	
Law	rence D	onk					
				Name o	f Perso	n	
Arm	or Secu	rity And F	Protection Inc.				
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Roc	nester, I	NY 14615	)	City/State	and Zi	n code	
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arm	or.secur	ity.us@li		s: (to be use	d for fu	ture annual report r	notification)
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rortu	riner ini	ormation	concerning this	natter, pleas	e call:		
Laure	ones Di			. FDE		720 4440	
Name of Person at (				at ( <u>585</u> Area C			
						5 kg 11110 1 210p	
	Regist	ration Se		SS:		MAILING A Registration S Division of Co	ection
Division of Corporations Clifton Building					Division of Corporations P.O. Box 6327		
		Executive assec. FL	Center Circle 32301			Tallahassee, F	L 32314
Enclo	sed is a o	heck for	the following an	iount:			
<b>57 \$</b> 7	0.00 Fili	ng Fee	S78.75 Filin Certificate			3.75 Filing Fee & tified 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.

i.		ity And Protection Inc.		_	
		orporation; must include "INCORPORATED," "(orp." "Inc." "Co." or "Corp.")	COMPANY," "CORPORATION,"		
	Armor Securit	ly Inc.		_	
	(If name unavaila	ble in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Florida)		
2.	New York		45-5609470	_	
	(State or country	under the law of which it is incorporated)	(FEI number, if applicable)		
4.	06/28/2012	5.			
	(Date	of incorporation)	(Date of duration, if other than perpetual)	<del>-</del>	
6.	n/a				
Ų.		(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		<del>-</del>	
7.	200 W. Ride	ge Rd, Suite 450 Rochester, NY 14615		_	
		(Principal	office address)	_	
			<b>5.</b>		
		(Current mailing a	ddress, if different)	18	
			<u>≥</u> #	8	••
8.	Name and stree	t address of Florida registered agent: (P.O. I	Box NOT acceptable)	-5	f
	<b>N</b> f	Lawrence & Doole	Silve Men		!
	Name:	Lawrence J. Donk	<u> </u>	PH 4: 56	
Office Address:		2202 N. West Shore Blvd, Suite 200		<del></del>	
		_	- A SP	95	
		Tampa (City)	Florida <u>33607</u>		
		(City)	(Zip code)		
9.	Registered age	ent's acceptance:			
			of process for the above stated corporation at the		
			nt as registered agent and agree to act in this cap tive to the proper and complete performance of		
		amiliar with and accept the obligations of n		,	
		1			
		// (	( )		
			a)		
		(Registered age	nt 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: n/a Vice Chairman: \_\_n/a Address: \_\_\_\_\_ Director: \_\_\_\_n/a Address: \_\_\_\_\_\_ Director: \_\_\_\_n/a **B. OFFICERS** President: Lawrence J. Donk Address: 101 Eastwood Trail Rochester, NY 14622 Vice President: Same as above Address: \_\_\_\_\_\_ Secretary: Same as above Address: \_\_\_ Treasurer: Same as above 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 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. Lawrence J. Donk , President

## State of New York Department of State } ss

I hereby certify, that the Certificate of Incorporation of ARMOR SECURITY AND PROTECTION INC. was filed on 06/28/2012, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Biennial Statement was filed 11/03/2017.

A Biennial Statement was filed 10/26/2018.

I further certify that no other documents have been filed by such corporation.

OF NEW

Witness my hand and the official seal of the Department of State at the City of Albany, this 26th day of October two thousand and eighteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

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