## FIGCOCOS

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

Office Use Only

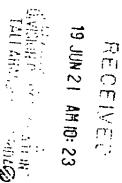


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2019 JUN 21 AM 10: 40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

06/21/19--01005--003 \*\*87.50



## **COVER LETTER**

**TO:** Registration Section

Division of Corp SUBJECT: つしょ		<b>A</b>	1= -, 4. 6
Subsect	Name of corporat	ion - must include suffix	Je July .
Dear Sir or Madam:			
"Certificate of Existence	on by Foreign Corporation " or "Certificate of Good S corporation to transact bus	Standing" and check are su	
Please return all correspo	ondence concerning this ma	itter to the following:	
MARYELLE	Name	<u>√</u>	ZOIS .
-SECULITY	Name  (< < < < < < < < < < < < < < < < < < <	of Person  On OT (VE)  Company	JUN 21 AMIO CRETARY OF ST AHASSEE, FLO
	Ay SKOIZE A		AMID 11  EEF, FLORIDA
ENGLEWOO	City/Stat	e and Zip code	
	Giz (f. n. 2 E-mail address: (to be use	•	Com notification)
For further information e	oncerning this matter, plea	se call:	
Name of Person	った、チチ・人 at ( <u></u> せe Area C	ァナ) フ <u>ュス - フ</u> 'ode Daytime Telep	LOO phone Number
STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle	MAILING A Registration S Division of C P.O. Box 632 Tallahassee.	Section Corporations 27
Enclosed is a check for the	ne following amount:		
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy

**‡1** 

## 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.

	PUTOMOTIVE	Z. CKC.	
"Inc.," "Co.," "Corp." "Inc," "Co." of	nide "INCORPORATED, "CC r "Corp.")	JMPANY," "CORPORATIO	N,"
(If name unavailable in Florida, enter	r alternate corporate name adopt	ed for the purpose of transacti	ng business in Florida)
DELAWARE	3. 20	4-2107126	<u></u>
(State or country under the law of w	rhich it is incorporated)	(FEI number, if a	pplicable)
611417019	5.		
(Date of incorporation)	5	(Date of duration, if othe	r than perpetual)
	first transacted business in Flor		· · · · · · · · · · · · · · · · · · ·
	TIONS 607.1501 & 607.1502, F	• •	lity)
1130 BAUSHOS	7- 1-0.15 - 1		
	ce concrete	GIELLOOD F	<u> </u>
1135 BAYSHOF	(Principal of	ice address)	74777
			フィスの19 JU TALLA
	(Principal of)		7 SECRETAL TALL AHAS
	(Current mailing add	dress, if different)	II JUN 21 ECRETARY LLAHASSE
Name and street address of Floric	(Current mailing add	dress, if different)	<u> </u>
Name and street address of Florid	(Current mailing add	dress, if different)  x NOT acceptable)	<u> </u>
Name and <u>street address</u> of Florid	(Current mailing add da registered agent: (P.O. Bo	dress, if different)  x NOT acceptable)	E P
Name and <u>street address</u> of Florid Name: <u>Coepolea t</u> ffice Address: <u>1201 Has</u>	(Current mailing add da registered agent: (P.O. Bo Lion Selvice Co	iress. if different)  x. NOT acceptable)  x. Paragraphy	<u> </u>
Name and <u>street address</u> of Florid Name: <u>Coepolea t</u> ffice Address: <u>1201 Has</u>	(Current mailing add da registered agent: (P.O. Bo	iress. if different)  x. NOT acceptable)  x. Paragraphy	<u> </u>

## 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.

pamont vy Jones, Assistant VP

(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.

A. DIRECTORS Chairman: Address: \_\_\_\_\_\_ Vice Chairman: Address: Director: STEVE SURGETON Address: 1135 BAYSHOZE DRIVE ENGLEWOOD FL 34773 Address: \_\_\_\_\_\_ B. OFFICERS President: Vice President: 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 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. STEVE SINGLETON DIRECTOR (Typed or printed name and capacity of person signing application)

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



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

DELAWARE, DO HEREBY CERTIFY "SECURITY KEY AUTOMOTIVE, INC." 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 NINETEENTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SECURITY KEY AUTOMOTIVE, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Z019 JUN 21 AM 10: 41
SEGRETARY OF STATE



Authentication: 203056159

Date: 06-19-19

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