

FI90000004346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

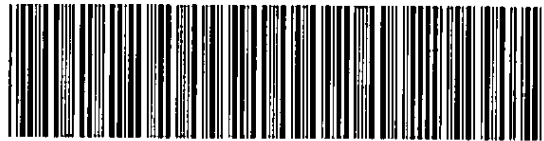
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/26/19--01029--021 **78.75

FILED
2019 SEP 24 PM 4:16

B KINSEY
SEP 24 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2019

LYNN SALMON
1026 FLORIN RD, STE 327
SACRAMENTO, CA 95831

SUBJECT: ECAMSECURE, INC
Ref. Number: W19000080611

We have received your document for ECAMSECURE, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 819A00018176

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COVER LETTER

TO: Registration Section
Division of Corporations

ECAMSECURE, INC

SUBJECT: _____
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:

LYNN SALMON

Name of Person

A1 CONTRACTOR SERVICES, LLC

Firm/Company

1026 FLORIN ROAD, SUITE 6327 SACRAMENTO, CA 95831

Address

SACRAMENTO, CA 95831

City/State and Zip code

a1contractorservices@comcast.net

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

For further information concerning this matter, please call:

LYNN SALMON

916

394-1601

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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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. ECAMSECURE, INC
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

ECAMSECURE
 (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CAIFORNIA 3. 95-4834826
 (State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 04/05/2000 5. PERPETUAL
 (Date of incorporation) (Date of duration, if other than perpetual)

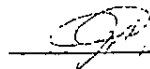
6. _____
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3400 E AIRPORT WAY, LONG BEACH, CA 90806
 (Principal office address)
3400 E AIRPORT WAY, LONG BEACH CA 90806
 (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
 Name: PARACORP INCORPORATED
 Office Address: 155 OFFICE PLAZA DRIVE, 1ST FLOOR
TALLAHASSEE, Florida 32301
 (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.



Jody Moua, Asst. Secretary for Paracorp Incorporated

(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

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

A. DIRECTORS

Chairman: CHRISTOPHER L COFFEY

Address: 3400 E AIRPORT WAY

LONG BEACH, CA 90806

Vice Chairman: PRENTICE ROBERTSON

Address: 3400 E AIRPORT WAY,

LONG BEACH, CA 90806

Director: PIERRE-HUBERT SEGUIN

Address: 3400 E AIRPORT WAY,

LONG BEACH, CA 90806

Director: BILL BABCOCK-TREASURER

Address: 3400 E AIRPORT WAY, LONG BEACH, CA 90806

B. OFFICERS

President: CHRISTOPHER L COFFEY

Address: 3400 E AIRPORT WAY

LONG BEACH, CA 90806

Vice President: PRENTICE ROBERTSON

Address: 3400 E AIRPORT WAY

LONG BEACH, CA 90806

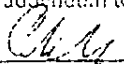
Secretary: PIERRE-HUBERT SEGUIN

Address: 3400 E AIRPORT WAY, LONG BEACH, CA 90806

Treasurer: BILL BABCOCK-TREASURER

Address: 3400 E AIRPORT WAY, LONG BEACH, CA 90806

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. CHRISTOPHER L COFFEY, President
(Typed or printed name and capacity of person signing application)

State of California
Secretary of State
CERTIFICATE OF STATUS

ENTITY NAME:

BOAMERONE

FILE NUMBER: CS225901
EXPIRATION DATE: 04/05/2020
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 AUGUST 14, 2019.

ALEX PADILLA
Secretary of State

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