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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

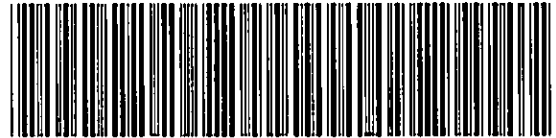
(Business Entity Name)

(Document Number)

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

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SBF  
1/6/20

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Integrated Protection Systems, 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:

John West

Name of Person

Integrated Protection Systems, Inc.

Firm/Company

14200 Lincoln St NE, Suite 100

Address

Ham Lake, MN 55304

City/State and Zip code

accounting@ipssec.com

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

For further information concerning this matter, please call:

Andrew Powell

Name of Person

at ( 612 )

Area Code

382-0816

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:

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|--|---|---|

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FILED

**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. Integrated Protection Systems, Inc.

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

Integrated Protection Systems MN, Inc.

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

2. Minnesota

(State or country under the law of which it is incorporated)

3. 37-1603290

(FEI number, if applicable)

4. 4/29/2010

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. 1/1/2020

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

7. 14200 Lincoln St NE, Suite 100, Ham Lake, MN 55304

(Principal office address)

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

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

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702

(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)

Northwest Registered Agent LLC  
Tom Glover - Assistant Secretary

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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FBI

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

**A. DIRECTORS**

Chairman: Not Applicable

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

Vice Chairman: Not Applicable

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

Director: Not Applicable

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

Director: Not Applicable

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

**B. OFFICERS**

President: John West

Address: 14200 Lincoln St NE, Suite 100 Ham Lake, MN 55304

Vice President: Andrew Powell

Address: 14200 Lincoln St NE, Suite 100 Ham Lake, MN 55304

Secretary: Andrew Powell

Address: 14200 Lincoln St NE, Suite 100 Ham Lake, MN 55304

Treasurer: Andrew Powell

Address: 14200 Lincoln St NE, Suite 100 Ham Lake, MN 55304

**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. John West

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

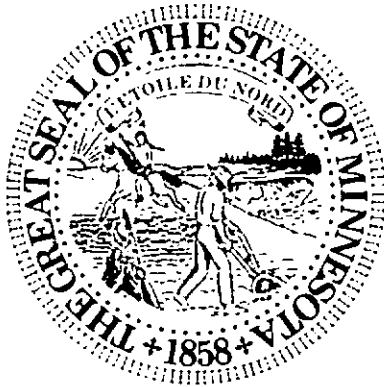
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**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Integrated Protection Systems, Inc.
Date Filed:	04/29/2010
File Number:	3821119-2
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 11/26/2019



*Steve Simon*

Steve Simon  
Secretary of State  
State of Minnesota

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