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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: Silent Sentinel Inc				
	Name	of corporation	- must include suffix	<u>-</u>	
Dear S	ir or Madam:				
"Certif	closed "Application by Foreign Co leate of Existence," or "Certificate referenced foreign corporation to to	of Good Stan	ding" and check are sub	ect Business in Floomitted to register	orida," the
Please	return all correspondence concerni	ing this matter	to the following:		
Mark E	Vaughan CPA				
		Name of	Person	<u> </u>	
CPA Pa	artners LLC				
		Firm/Com	pany		
8200 11	13th Street Ste 103				
		Addre	SS	-	
Semino	le FL 33772				2020
		City/State ar	nd Zip code		- 2
Mark@	CPAPartnersLLC.com				. · · · · · · · · · · · · · · · · · · ·
	E-mail address	: (to be used fo	or future annual report r	notification)	i -
For further information concerning this matter, please call:					
	17 1 600				. :
Mark E	Vaughan CPA	at (വ -
	Name of Person	Area Code	Daytime Telep	hone Number	
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	
Please m	d is a check for the following amo ake check payable to: FLORIDA DE 00 Filing Fee	PARTMENT (g Fee & □	OF STATE \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filir Certificate Certified Co	of Status &

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.

	ible in Piorida, enter atternate corporate name	adopted for the purpose of transacting bus	siness in Florida)	
Delaware	3.	3. 37-1752334		
(State or country	under the law of which it is incorporated)	(FEI number, if applica	.ble)	
1/27/2014	5.	Perpetual		
(Date of incorporation)		(Date of duration, if other than perpetual)		
None as of the d				
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)		
4625 Overlo	ok Dr. St. Petersburg FL 33703			
	(Principal of	fice <u>street</u> address)		
Same				
	(Current maili	ng address, if different)	20	
Name and stree	t address of Florida registered agent: (P.0	O. Box <u>NOT</u> acceptable)	2020 At 2	
Name:	CPA Partners LLC		27	
ffice Address:	8200 113th Street Ste 103		· 4	
Tree reduces.			· 	
	Seminole	, Florida <u>33772</u>		
	(City)	(Zip code)	51	
laving been nam	(City) nt's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint	(Zip code) ice of process for the above stated cor	en poration at the p act in this capac	

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 Paul Robert Elsey Name: ■ Chairman □Chairman Name: 59 Fishpool Street ☐ Vice Chairman Address: □Vice Chairman Address: _____ St Albans □ Director □Director AL3 4RU □ President □President UK □Vice President ☐ Vice President □ Secretary □Treasurer □ Secretary □Treasurer □Other _____ □Other Other ☐ Other □Chairman Name: ☐ Chairman Name: ____ □Vice Chairman Address: □Vice Chairman Address: □ Director □Director □ President □President □ Vice President □Vice President ☐ Treasurer □Treasure€ ☐ Secretary □ Secretary □Other _____ ☐Other _____ □Other ______ □Other _ □ Chairman Name: _____ □ Chairman Name: ____ Address: ____ □Vice Chairman Address: □ Vice Chairman Director □ Director □President President □Vice President _____ □Vice President ☐ Secretary ☐Treasurer □ Secretary ☐ Treasurer □Other _____ □Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Paul Robert Elsev Chairman

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SILENT SENTINEL 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 SEVENTEENTH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SILENT SENTINEL INC" WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE

BEEN PAID TO DATE.

() () () ()

Authentication: 202784875

Date: 04-17-20

5471465 8300 SR# 20202916010