F20000003592

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

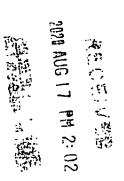
Office Use Only



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AUG 13 2020 M. SOLOMON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 384851 7185439

AUTHORIZATION : Smell bless

COST LIMIT : \$ 87 50

ORDER DATE : August 12, 2020

ORDER TIME : 2:10 PM

ORDER NO. : 384851-015

CUSTOMER NO: 7185439

FOREIGN FILINGS

NAME: THREATLOCKER, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY 1
PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	THREATLOCKER, INC.			
	Name	of corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to to	of Good Standi	ng" and check are subi	et Business in Florida," mitted to register the
Please return	all correspondence concerni	ing this matter to	the following:	
Danny Jenkins				
		Name of Pe	rson	
ThreatLocker,	Inc.			
<u> </u>		Firm/Compa	any	
555 Winderley	Place, Suite 300			
		Address	 ;	
Maitland, Fl. 3	2751			
		City/State and	Zip code	
danny@threatle				
	E-mail address	: (to be used for	future annual report no	otification)
For further inf	ormation concerning this m	atter, please cal	l:	
Danny Jenkins		at (407	920-0417	
Name	of Person	Area Code	Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a c Please make che	check for the following amo eck payable to: FLORIDA DE ng Fee	EPARTMENT O g Fee &	F STATE 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.

	(FEI number, if applicable)	
5.		
incorporation) 5	(Date of duration, if other than perp	ctual)
(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) 2. F.S., to determine penalty liability)	
Suite 300, Maitland, FL 32751		
	street address)	
(Current mailing a	address, if different)	4h : m
		**
	Box NOT acceptable)	74 Me
Danny Jenkins	<u></u>	
55 Winderley Place, Suite 300		310
faitland	— Florida 32751	د د دوه د و
(City)	(Zip code)	1
	(Principal office (Current mailing a ddress of Florida registered agent: (P.O. I Danny Jenkins (S55 Winderley Place, Suite 300	(Current mailing address, if different) ddress of Florida registered agent: (P.O. Box NOT acceptable) Danny Jenkins 555 Winderley Place, Suite 300 Maitland , Florida 32751 (City) (Zip code)

^{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	Name:	□Chairman	Sami Jenkins Name:					
□Vice Chairman	Address: 555 Winderley Place, Suite 300	□Vice Chairman	Address: 555 Winderley Place, Suite 300					
■Director	Maitland, FL 32751	Director	Maitland, FL 32751					
■ President		□President						
□Vice President		□Vice President						
☐ Secretary	□Treasurer	■ Secretary	☐ Treasurer					
Other	Other	□Other	□Other					
□Chairman	Name: Michael Jenkins	□Chairman	Name: Craig Ellis					
□Vice Chairman	Address: 555 Winderley Place, Suite 300	□Vice Chairman	Address:555 Winderley Place, Suite 300					
Director	Maitland, FL 32751	■Director	Maitland, FL 32751					
□President		□President						
□Vice President		□Vice President						
☐ Secretary	□Treasurer	☐ Secretary	OTreasurer 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
□Other	□Other	□Other						
□Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	☐ Vice Chairman	Address:					
Director		□Director						
□President		□President						
□Vice President		□Vice President						
□Secretary	□Treasurer	☐ Secretary	□Treasurer					
□Other	Other	□Other	□ Other					
Important Notice: Undividuals may be	Ise an attachment to report more than six (6). The a added to the index when filing your Florida Depart	utachment will be imaged ment of State Annual Rep	I for reporting purposes only. Non-indexed port form.					
12. Danny Sentitus								
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. Danny Jenkir	ns							

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



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

DELAWARE, DO HEREBY CERTIFY "THREATLOCKER, 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 AUGUST, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THREATLOCKER, INC." WAS INCORPORATED ON THE TWELFTH DAY OF AUGUST, A.D. 2020.

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



Authentication: 203480491

Date: 08-17-20