

11/30/2020

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)288-0845

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION**Trava Security, Inc.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 05 |
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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. Triava Security, Inc.

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Delaware 85-1104231

2. (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)
05/18/2020

4. (Date of incorporation) 5. (Date of duration, if other than perpetual)
10/19/2020

6. (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
810 Massachusetts Ave, Suite 1500, FL 3, Indianapolis, IN 46204

7. (Principal office address)

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

C T Corporation System

By James M. Halpin
James M. Halpin
Assistant Secretary
(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: See attachment with additional directors and officers

A. DIRECTORS

Chairman _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Jim Goldman ✓

Address: 830 Massachusetts Ave, Suite 1500, Fl 3, Indianapolis, IN, 46204

Director: Rob Beeler

Address: 830 Massachusetts Ave, Suite 1500, Fl 3, Indianapolis, IN, 46204

B. OFFICERS

President: Jim Goldman ✓

Address: 830 Massachusetts Ave, Suite 1500, Fl 3, Indianapolis, IN, 46204

Vice President: _____

Address: _____

Secretary: Eric Tobias ✓

Address: 830 Massachusetts Ave, Suite 1500, Fl 4, Indianapolis, IN, 46204

Treasurer: Blake Kornath ✓

Address: 830 Massachusetts Ave, Suite 1500, Fl 4, Indianapolis, IN, 46204

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.

Jim Goldman, Chief Executive Officer and President

13. _____

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

DocuSigned by:

Jim Goldman

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA****TRAVA SECURITY, INC.****II. Names and business addresses of officers and/or directors (continuation)****A. DIRECTORS**

| | |
|----------------|--|
| Eric Tobias ✓ | 830 Massachusetts Ave, Suite 1500 Fl 4, Indianapolis, IN 46204 |
| Scott Dorsey ✓ | 830 Massachusetts Ave, Suite 1500 Fl 4, Indianapolis, IN 46204 |

B. OFFICERS

| | |
|--------------------------------------|--|
| Chief Executive Officer: Jim Goldman | 830 Massachusetts Ave, Suite 1500 Fl 3, Indianapolis, IN 46204 |
|--------------------------------------|--|

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "TRAVA SECURITY, 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 THIRTIETH DAY OF NOVEMBER, A.D.
2020.

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

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SR# 20208507414

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204179276

Date: 11-30-20