

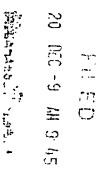
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Name)	
(Dx	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

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MARKET L

COVER LETTER

	tion Section of Corporations			
	LERTSEC INC			
SUBJECT: A	 	of corporation -	must include suffix	
Dear Sir or Mada		•		
"Certificate of E	pplication by Foreign C xistence," or "Certificat I foreign corporation to	e of Good Stand	ing" and check are sub	ct Business in Florida," omitted to register the
Please return all	correspondence concern	ning this matter t	o the following:	
FREDRIK LOVS			_	
<u></u>		Name of P	erson	
ALERTSEC INC				
		Firm/Comp	any	
918 TRPOIC BLV	מ׳	·	•	
· 		Addres	s	
DELRAY BEACH	H FL 33738			
· · · · · · · · · · · · · · · · · · ·		City/State and	I Zip code	· · · · · · · · · · · · · · · · · · ·
ANLO@ALERTS	EC.COM			
	E-mail addres	s: (to be used for	r future annual report r	notification)
For further inform	mation concerning this r	natter, please cal	1:	
FREDRIK LOVST	TEDT	at (579-6497	
Name of	Person	Area Code	Daytime Telep	hone Number
Registrate Division The Cent 2415 N. 1	T/COURIER ADDRES ion Section of Corporations are of Tallahassee Monroe Street, Suite 816 see, FL 32303		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is a checkese make check	ck for the following ame payable to: FLORIDA D Fee	EPARTMENT O	F STATE 378.75 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.

VIRGINIA (State or country under the law of which it is incorporated) (Date of country under the law of which it is incorporated) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 18 TROPIC BLVD DELRAY BEACH FL 33783 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: FREDRIK LOVSTEDT 10 DELRAY BEACH Florida 33783	(State or country under the law of which it is incorporated) (PEI number, if applicable) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 18 TROPIC BLVD DELRAY BEACH FL 33783 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) FREDRIK LOVSTEDT DELRAY BEACH DELRAY BEACH (City) Registered agent's acceptance:		able in Florida, enter alternate corporate name		ing business i	n Florida)
(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 18 TROPIC BLVD DELRAY BEACH FL 33783 (Principal office street address) (Current mailing address, if different) Name: FREDRIK LOVSTEDT	(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 18 TROPIC BLVD DELRAY BEACH FL 33783 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: FREDRIK LOVSTEDT 918 TROPIC BLVD DELRAY BEACH (City) Registered agent's acceptance:				<u> </u>		_
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Name: FREDRIK LOVSTEDT	Name: FREDRIK LOVSTEDT 918 TROPIC BLVD DELRAY BEACH (City) (City) Registered agent's acceptance:		(Curent manin	g address, if different)			
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DELRAY BEACH Florida 33783	Registered agent's acceptance:		et address of Florida registered agent: (P.O	-		22	
Florida	Registered agent's acceptance:	Name:	et address of Florida registered agent: (P.O FREDRIK LOVSTEDT	-	37 (c) 20 (c) 40 (c) 40 (c)	20	
(City)	Registered agent's acceptance:	Name:	et address of Florida registered agent: (P.O FREDRIK LOVSTEDT 918 TROPIC BLVD	. Box NOT acceptable)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	20 DEC	• 1
(City) (Zip code)	Registered agent's acceptance: 💢 🚊 🤇	Name:	et address of Florida registered agent: (P.O FREDRIK LOVSTEDT 918 TROPIC BLVD DELRAY BEACH	. Box <u>NOT</u> acceptable), Florida	भूकोता कार्या प्रदेश	20 DEC -	• • • • • • • • • • • • • • • • • • • •
Registered agent's acceptance:	ving been named as registered agent and to accept service of process for the above stated corporation at the po	Name:	et address of Florida registered agent: (P.O FREDRIK LOVSTEDT 918 TROPIC BLVD DELRAY BEACH	. Box <u>NOT</u> acceptable), Florida	मुद्दान स्टाप्टर एक व्य	20 DEC -9	· [

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	3		
□Chairman	Name: EBBA BLITZ	_ □ Chairman	Name: FREDRIK LOVSTEDT
☐ Vice Chairman	Address: 918 TROPIC BLVD	_ □Vice Chairman	Address: 918 TROPIC BLVD
Director	DELRAY BEACH FL 33783	□Director	DELRAY BEACH FL 33783
President		-	
□Vice President			
☐ Secretary	□Treasurer	Secretary	□ Treasurer
Other	Other	•	
☐ Chairman	THOMAS BLITZ	□ Chairman	Name:
□Vice Chairman	Address: 918 TROPIC BLVD	□Vice Chairman	Address: TUSSMOTEVAGEN
□Director	DELRAY BEACH FL 33783	Director	206 SE 122 64
□ President		□President	
□Vice President		□Vice President	
Secretary Secretary	☐Treasurer	☐ Secretary	□ Treasurer
Other	Other	□Other	□Other
□ Chairman	Name:	□ Chairman	Name:
	Address:		Name:
☐Director		□Director	Address:
□ President _		☐ President	
UVice President _		□Vice President	
Secretary	[]Treasurer	☐Secretary	☐ Treasurer
30ther	Other		
inportant Notice: Us individuals may be a	se an attachment to report more than six (6). The dded to the index when filing-your-Florida Deput		
	Signature of Direct	tor or Officer	

13. ANDERS LOVSTEDT

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That Alertsec, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on November 20, 2006;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

ANON CONTRACTOR

Signed and Sealed at Richmond on this Date:

November 30, 2020

Bernard J. Logan, Interim Clerk of the Commission

CERTIFICATE NUMBER: 2020113015194220