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PICK-UP	☐ WAIT	MAIL		
	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions t	to Filing Officer:	_		
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### **COVER LETTER**

	stration Section sion of Corporati	ons				
SUBJECT:	WATCHER SEC	CUIRTY, INC				
SOBJECT.	·	Name of corporation	n - must	include suffix	<del></del>	
Dear Sir or N	/ladam:					
"Certificate of	of Existence." or	Foreign Corporation fo "Certificate of Good State oration to transact busing the contract of the corporation for the corpora	ınding" a	ind check are sub-		
Please return	all corresponder	ice concerning this matte	er to the	following:		
NATHAN LO	OOMAN					
		Name o	f Person			
WATCHER S	SECURITY, INC					
		Firm/Co	mpany			
41W195 RAII	LROAD ST, UNIT	· A				
		Add	ress			
PINGREE GE	ROVE, IL 60140					16.7
		City/State	and Zip	code		<u></u>
nate@watcher	•					1
	E-1	nail address: (to be used	for futu	re annual report n	otification)	
For further in	nformation conce	rning this matter, please	call:			ر. د.
NATHAN LC	OOMAN	at ( <sup>847</sup>	790-6283		61.19	
Nan	ne of Person	Area Co	de	Daytime Telepl	hone 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			
	ling Fee 🔲 :	LORIDA DEPARTMEN	<b>378.7</b>	FATE 25 Filing Fee & fied Copy	□ \$87.50 Fi Certificat Certified	e 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.

1. WATCHER SE	CURITY, INC.		
	corporation; must include "INCORPORATED corp." "Inc." "Co." or "Corp.")	" "COMPANY," "CORPORATION,"	
WATCHER SE	CURITY PRODUCTS, INC.		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busine	ess in Florida)
2. Illinois, US	3.	46-1724163	
	y under the law of which it is incorporated)	(FEI number, if applicable	<del></del> ;)
4. 01/01/2013	5.	N/A	
	of incorporation)	(Date of duration, if other than per	petual)
6. N/A			
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7 7901 4th St N. ST	FE 300, St. Petersburg , FL 33702		
, · <u> </u>		ice street address)	
41W195 Railroad	d St. Unit A. Pingree Grove, IL 60140		
	(Current maili	ng address, if different)	- 18
			<b>ب</b> سر)
8. Name and street	et address of Florida registered agent: (P.0	O. Box NOT acceptable)	1_
Name:	Registered Agents Inc.		
Office Address:	7901 4th St N. STE 300		ص
	St. Petersburg	. Florida <sup>33702</sup>	۰۰ ت ت
	(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)

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: Nathan Looman	□Chairman	Name:		
☐ Vice Chairman	Address: 201 Barn Owl Dr	□Vice Chairman	Address:		
Director	Hampshire, IL 60140	□Director			
President		□President			
□Vice President		□Vice President		···	
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer	
Other	Other	Other		□Other	
□Chairman	Name: Laura Freeman	□Chairman	Name:		
□Vice Chairman	Address: 8N020 Columbine W	□Vice Chairman	Address:		
□Director	St Charles IL 60175	□Director		· · · · · · · · · · · · · · · · · · ·	
□President		□President			
☑Vice President		□Vice President	<u>.</u>		
□Secretary	□Treasurer	☐ Secretary		□Treasurer	
□Other	Other	□Other		□Other	
□ Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director	<del></del>	□Director		. <del>.</del>	
□President		□President		<del> </del>	
□Vice President		□Vice President		<u></u>	
□ Secretary	☐ Treasurer	☐ Secretary		□Treasurer	
□Other	□Other	□Other		□Other	
Important Kotice: 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 direct	ctor signing this document (and who is listed in number	er 11 above) affirms th	nat the facts state	d herein are true and that he or	

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 of 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.

, Nathan Looman

#### File Number

6883-741-3



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

WATCHER SECURITY INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 01, 2013, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



## In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 16TH day of DECEMBER A.D. 2020 .

Authentication #: 2035104048 verifiable until 12/16/2021 Authenticate at: http://www.cyberdriveillinois.com Olsse White

SECRETARY OF STATE