

F21000002984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

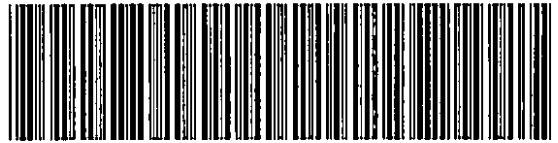
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF THE COURT
CLERK OF THE COURT
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JUN -3 2021

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Simon Protection Group Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jonathan Simon

Name of Person

Simon Protection Group

Firm/Company

5940 S. Rainbow Blvd

Address

Las Vegas, NV 89118

City/State and Zip code

simonprotection@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Simon

at (702) 478-8080

Name of Person

Area Code

Daytime Telephone 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 check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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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. Simon Protection Group, Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")
- SPG Worldwide
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Nevada 3. 47-1149581
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/2014 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. Pending Registration
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1451 Cypress Creek Rd Fort Lauderdale, FL 33309
(Principal office street address)
- 5940 S. Rainbow Blvd Las Vegas, NV89118
(Current mailing address, if different)

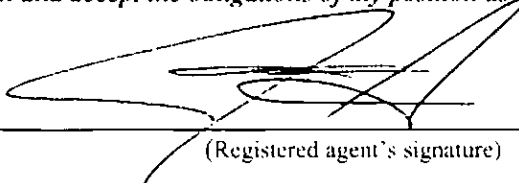
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jonathan Simon

Office Address: 1451 Cypress Creek Rd
Fort Lauderdale, Florida 33309
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

CLERK OF STATE
JAN 20 2021 10:10 AM

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A. DIRECTORS

☒ Chairman Name: JONATHAN SIMON
☐ Vice Chairman Address: 5940 S. RAINBOW BLVD
LAS VEGAS NV 89118
☐ Director
☒ President Jonathan Simon 100%
☒ Vice President Jonathan Simon
☒ Secretary ☒ Treasurer
☐ Other ☐ Other

☐ Chairman Name: JONATHAN SIMON
☐ Vice Chairman Address: 5940 S. RAINBOW BLVD
LAS VEGAS NV 89118
☐ Director
☐ President
☒ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

100% OWNED BY JONATHAN SIMON - NO OTHER MEMBERS

☐ Chairman Name: JONATHAN SIMON
☐ Vice Chairman Address: 5940 S. RAINBOW BLVD
LAS VEGAS NV 89118
☐ Director
☒ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: JONATHAN SIMON
☐ Vice Chairman Address: 5940 S. RAINBOW BLVD
LAS VEGAS NV 89118
☐ Director
☐ President
☐ Vice President
☒ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

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 SECRETARY OF STATE
 DEPARTMENT OF REVENUE

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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.

12. [Signature]
 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. Jonathan Simon, President
 (Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SIMON PROTECTION GROUP**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 06/19/2014, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/13/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202104131590191

You may verify this certificate
online at <http://www.nvsos.gov>



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2021

✓ DONE

JONATHAN SIMON
SIMON PROTECTION GROUP
5940 S. RAINBOW BLVD.
LAS VEGAS, NV 89118

SUBJECT: SIMON PROTECTION GROUP INC.
Ref. Number: W21000062537

We have received your document for SIMON PROTECTION GROUP INC. .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

You must list the names and street addresses of the officers and directors of the
corporation on the form/application.

If you have any questions concerning the filing of your document, please call
(850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 221A00009540

RECEIVED
JUN 01 2021