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M. SOLOWOR

COVER LETTER

Divis	stration Section ion of Corporations			
SUR IFCT:	Electronix Systems Central	Station Alarms, Inc.		
30131.CT	Name	of corporation - n	nust include suffix	
Dear Sir or N	ladam:			
"Certificate o	"Application by Foreign C f Existence," or "Certificate iced foreign corporation to t	e of Good Standin	g" and check are submit	Business in Florida," ited to register the
Please return	all correspondence concern	ing this matter to	the following:	
Kristin Leonai	rdo			
		Name of Per	son	
Electronix Sys	stems Central Station Alarms,	Inc.		
		Firm/Compar	iķ	
1555 New Yo	rk Avenue			
		Address		
Huntington St	ation, N.Y 11746			
		City/State and	Zip code	
Kristinl@elec	tronixsystems.com			
<u>-</u>	E-mail addres	s: (to be used for	future annual report noti	fication)
For further in	formation concerning this i	natter, please call:		
Kristin Leona	rdo	at (631)	271-4000 Ext.328	
Nam	e of Person	Area Code	Daytime Telephor	ie Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAHANG ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a Please make cl □ \$70.00 Fil	check for the following am neck payable to: FLORIDA D ing Fee	DEPARTMENT OF ng Fee & 🗀 \$1	FSTATE 78.75 Filing Fee & Gertified 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.

(If name unavai	x Systems Central Station Alar		ousiness in Florida)			
New Yor		-2737874				
(State or count	ry under the law of which it is incorporated)	(FEI number, if appli	cable)			
4. 05/01/19	85					
	4. U5/U1/1985 5. (Date of incorporation) 5. (Date of duration, if other than perpetual)					
_{6.} N/A- Cur	rently not doing business in Flo					
	(Date first transacted business in Flor (SEE SECTIONS 607.1501 & 607.1502. F					
₋ 1555 New	York Avenue, Huntington Sta	• • •				
/·	(Principal office st					
1555 New	York Avenue, Huntington Statio	n, N.Y 11746				
_ · _ _	(Current mailing add	lress, if different)	202			
8 Name and stre	et address of Florida registered agent: (P.O. Bo	x NOT acceptable)	2021 SEP 15			
Northwest Registered Agent LL		<u></u>	' '			
Office Address:	7901 4th St N STE 300		AH ID: 43			
	St. Petersburg	. Florida <u>33702</u>	55 5 5			
	(City)	(Zip code)				

(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: Frederick J Leonardo		Name: Kathleen Leonardo Address: 3 Wayne Court			
□Vice Chairman	Address: 3 Wayne Court	3 Wayne Court				
□Director	Fort Salonga, NY 11746	□Director	Fort Salonga, NY 11746			
₩ President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	Z Secretary	□Treasurer			
□Other	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 <u></u>			
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman	Name: Solution Address: Solution Soluti			
□Director		□Director	<u> </u>			
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	□ Secretary	□Treasurer			
□Other	Other	□Other	Other			
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 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 \$.817.155, F.S.

Frederick J Leonardo

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. ROSSANA ROSADO. Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

ELECTRONIX SYSTEMS CENTRAL STATION ALARMS, INC.

DOS ID Number:

993717

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

05/01/1985

Statement Status:

CURRENT

Statement Due Date:

05/31/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on September 01, 2021 at 11:32 A.M.

Brandon C. Heylan

ROSSANA ROSADO, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

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