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EILED 2027 FEB 14 PH 12: 21 SECRETARY OF STATE TALLAHASSEE, FI ORIE

COVER LETTER

то:	Registration Section Division of Corporations			
SUBJ	ECT: Alert Hardware Distributors I	nc.		
		of corporation -	must include suffix	
Dear S	ir or Madam:			
"Certif	iclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to tr	of Good Stand	ing" and check are submi	
Please	return all correspondence concerni	ng this matter t	o the following:	
Gary K	usher			
		Name of Po	erson	
Alert H	lardware Distributors Inc			
		Firm/Comp	any	
10800	Crippen Vale Ct.			
		Addres	s	
Reston	. VA 20194			
		City/State and	l Zip code	
gary@g	garykusher.com			
	E-mail address	: (to be used fo	r future annual report not	ification)
For fur	rther information concerning this m	atter, please ca	lt:	
Gary K	usher	at (239) 298-6550 Name of Person Area Code Daytime Telepho		
	Name of Person	Area Code	Daytime Telepho	ne 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	
Please i	ed is a check for the following amormake check payable to. FLORIDA DE 578.75 Filing Certificate of	EPARTMENT (g Fee &		 \$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.

l .	Distributors Inc.	WOOD AND AND A THOU		
"Inc.," "Co.," "C	corporation: must include "INCORPORATED," forp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	N,"	
Alert Hardware	Dist. Inc.			
(If name unavail	able in Florida, enter alternate corporate name ac	lopted for the purpose of transactir	ng business in Florida)	
New York	3 1	1-2526344		
(State or countr	3	(FEI number, if ap	oplicable)	
2/8/1980	5			
(Date of incorporation)		5. (Date of duration, if other than perpetual)		
). <u> </u>				
	(Date first transacted business in I (SEE SECTIONS 607 1501 & 607.150		ity)	
10800 Crippen V	ale Ct. Reston VA 20194			
	(Principal office	street address)		
	(Current mailing	address, if different)		
2. Nome and area	ot address of Florida revistand quent. (D.C.	Day MOT against lay		
	et address of Florida registered agent: (P.O. Gary Kusher	box <u>NOT</u> acceptable)	202 SE TALI	
Name:	Cary Kushei		2 FE CRE CAR	
Office Address:	242 Prestwick Dr.		2022 FEB 14 SECRETARY ALLAHASSE	
	Davenport	Florida	m	
	(City)	(Zip code)	PM 12: 2 OF STATE	
. Registered ag	ent's acceptance:		AIE RID	
laving been nam	ned as registered agent and to accept service	of process for the above state	d corporation at the place	
urther agree to c	application, I hereby accept the appointme comply with the provisions of all statutes rel with and accept the obligations of my posi-	ative to the proper and comple	ee to act in this capacity. te performance of my du	
*		o o		
	<i>y</i> × 0	,		
	Jary Kuske Registered agent's sign			
		nature)		

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 Name: ____ ☐ Chairman □ Chairman Name: 10800 Crippen Vale Ct. □ Vice Chairman Address: □Vice Chairman Address: Reston VA 20194 □ Director □ Director President ☐ President ☐ Vice President □Vice President □ Secretary □Treasurer □ Secretary □Treasurer □Other _____ Other____ Other _____ □ Other _____ Chairman Name: □ Chairman Name: Address: ____ □Vice Chairman Address: _____ ☐ Vice Chairman Director ☐ Director □ President □ President □ Vice President _____ □ Vice President ☐ Treasurer □ Secretary ☐ Secretary □Treasurer □ Other _____ ☐ Other _____ □Other _____ □ Chairman □ Chairman Name; _____ □Vice Chairman Address: □ Vice Chairman Address: Director ☐ Director □ President □President □ Vice President _____ □ Vice President □ Secretary Treasurer □ Secretary □Treasurer □ 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. Lary Kusher 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.

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

Gary Kusher / President

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Acting 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: ALERT HARDWARE DISTRIBUTORS INC.

DOS 1D Number: 608358

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 02/08/1980

Statement Status: CURRENT Statement Due Date: 02/29/2024

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 January 28, 2022 at 09:33 A.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State

Brandon C Higher

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100000990667 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov