## F22000003443

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## **COVER LETTER**

_	stration Sectionsion of Corpora						
SUBJECT:	FORCE PRO	TECTION AGENC	Y, INC.				
Sobole 1.	·	Name of c	orporation	- must i	nclude suffix		
Dear Sir or N	/adam:						
"Certificate of	of Existence," of	by Foreign Corport "Certificate of orporation to trans	Good Stand	ding" an	id check are sub		
Please return	all correspond	ence concerning	this matter	to the fe	ollowing:		
RUSSELL ST	UART						
	<del></del>		Name of I	Person	·		202
FORCE PROTECTION AGENCY, INC.							الالا 2022
			Firm/Com	pany			<u> </u>
9601 WILSH	IRE BLVD. #11	51					ω —
			Addre	SS			<del></del>
BEVERLY H	ILLS, CA 90210	)				:	. 두
		C	ity/State at	nd Zip c	ode		<del></del>
FLORIDA@F	FORCEPROTEC	TIONAGENCY.C	OM				
		E-mail address: (t	o be used f	or future	annual report r	notification)	
For further in	nformation con	cerning this matte	er, please c	all:			
RUSSELL STUART at (			310	880-5298			
Nan	ne of Person		Area Code		Daytime Telep	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		
	heck payable to:	following amoun FLORIDA DEPA \$78.75 Filing F Certificate of S	ARTMENT cc & □	\$78.75	ATE Filing Fee & ed Copy	□ \$87.50 Fil Certificate Certified (	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.

"tne ," "Co.," "C	orp," "Inc," "Co," or "Corp.")		
FORCE PR	OTECTION AGENCY FLORIDA	, INC.	
(If name unavail	able in Florida, enter alternate corporate na	ne adopted for the purpose of transacting business in Flo	rida)
2. CALIFORNIA		3. 82-3106674	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. 09/29/2017		5	
(Date	of incorporation)	5. (Date of duration, if other than perpetual)	
6. <u>N/A</u>			
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
7. <sup>24</sup> CATHEDRAI	_ PLACE, UNIT 504 ST AUGUSTINE, FL	. 32084	
	(Principal	office street address)	- ·
			2023
	(Current ma	illing address, if different)	2021 1117 -3
	et address of Florida registered agent: (	P.O. Box NOT acceptable)	ယ်
8. Name and stre			PH
<ol> <li>Name and <u>stre</u></li> <li>Name:</li> </ol>	MATTHEW PELOQUIN		
<del></del>	MATTHEW PELOQUIN 24 CATHEDRAL PLACE, UNIT 504	 	7: -
Name:	<u> </u>		7: 42
Name:	24 CATHEDRAL, PLACE, UNIT 504	, Florida 32084 (Zip code)	7: 42

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 RUSSELL STUART Name: □ Chairman Name: \_\_\_\_\_ Chairman 9601 WILSHIRE BLVD, #1151 Address: ☐ Vice Chairman □ Vice Chairman Address: BEVERLY HILLS, CA 90210 ■ Director □ Director President □President ☐ Vice President ☐ Vice President **■** Treasurer □Treasurer ■ Secretary ☐ Secretary ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ \_\_ □ Chairman ☐ Chairman Name: Name: □ Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: Director □ Director □ President □President □Vice President □ Vice President ☐Treasurer □ Secretary □Treasurer ☐ Secretary □Other Other \_\_\_\_ Name: ☐ Chairman Name: \_\_\_\_\_ □Chairman □Vice Chairman Address: ☐ Vice Chairman Address: \_\_\_\_\_ □Director □ Director □President President □ Vice President \_\_\_\_\_ ☐ Vice President ☐Treasurer ☐ Secretary □ 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. 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.

,,RUSSELL STUART



I, SHIRLEY N. WEBER, Ph.D., California Secretary of State, hereby certify:

**Entity Name:** 

FORCE PROTECTION AGENCY, INC.

**Entity No.:** 

4070502

**Registration Date**: 09/29/2017 **Entity Type**: STOCK CO

STOCK CORPORATION - CA - GENERAL

Formed In:

**CALIFORNIA** 

Status:

ACTIVE (GOOD STANDING)

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 28, 2022.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 006818122

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.