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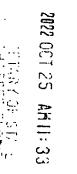
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PICK-UP	☐ WAIT	MAIL		
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## **COVER LETTER**

	gistration Sectionsision of Corpor						
SUBJECT	Admiral Secu	rity Services, Inc.					
30000		Name of corp	oration - n	ust include suffix			
Dear Sir or	Madam:						
"Certificate	of Existence."		od Standin	horization to Transac g" and check are subn i Florida.			•
Please retui	rn all correspond	dence concerning this	matter to	he following:			
Robert Kohl	lberg						
	· ••	Na	me of Per	son			
Admiral Security Services, Inc.				•	2022 (		
		Fir	m/Compar	y			
2151 Salvio St., Suite 260			25				
	_		Address	_		7.5	NA NA
Concord, Ca	A 94520					0 (A 2 \ 1	AH II: β3
		City/	State and 2	Cip code		31.73	<del>သ</del>
licensing@a	idmiralss.com						
	<del></del>	E-mail address: (to be	used for t	uture annual report no	otification)		
For further	information cor	ncerning this matter, p	lease call:				
Victoria Stu	art	at (	}	471-1128			
Na	nme of Person	Ar	ea Code	Daytime Teleph	one 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					
	check payable to	following amount: : FLORIDA DEPART  \$78.75 Filing Fee of Certificate of State	t □ \$7	STATE 8.75 Filing Fee & ertified Copy	S87.50 F	te of Sta	

## 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. Admiral Securit	y Services, Inc.			
	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	'COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name ade	opted for the purpose of transacting l	ousiness in Florida)	
2. California	3			
(State or count	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. 09/22/2004				
(Date	e of incorporation)	(Date of duration, if other than perpetual)		
6.				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		)	
7. 2111 Queen St., 6	Crestview FL, 32536			
	(Principal office	street address)		
2152 Salvio St.,	Suite 260, Concord CA, 94520		20	
	(Current mailing	address, if different)	2022 OCT	
8. Name and stre	et address of Florida registered agent: (P.O.)	Box <u>NOT</u> acceptable)	ICT 25	
Name:	Robert Kohlberg	<u> </u>		
Office Address:	2111 Queen St.		AM 11: 33	
	Crestview	, Florida		
	(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]:

A. DIRECTORS					
□Chairman	Name: Mohamed Ahmed	□Chairman	Name: Youssef Abdallah  Address: 2151 Salvio St.  Suite 260  Concord, CA  94520		
□ Vice Chairman	Address: 2151 Salvio St.	□Vice Chairman			
□Director	Suite 260	□Director			
□President	Concord, CA	□President			
□Vice President	94520	□Vice President			
□Secretary	□Treasurer	Secretary		□Treasurer	
Other	Other	COO	<u>_</u>	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		Donker A	
□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	
	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Departme			rposes only. Non-indexed	
12.	Signature of Director o	r Officer			
The officer or direct she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in number alse information submitted in a document to the Depart	r 11 above) affirms th	at the facts stated tes a third degree	herein are true and that he or felony as provided for in	

COO

Youssef Abdallah



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

**Entity Name:** 

ADMIRAL SECURITY SERVICES, INC.

Entity No.:

2675719

Registration Date: Entity Type:

08/27/2004 Stock Corporation - CA - General

Formed In:

**CALIFORNIA** 

Status:

Active

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 October 07. 2022.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 050807215

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