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(Re	equestor's Name)			
(Ad	dress)			
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(Ci	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	e)		
(Document Number)				
red Copies	Certificates	of Status		
Gral Instructions to Filing Officer:				

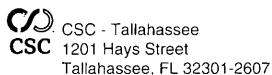
Office Use Only



300398250023

RECEIVED

S. ROBERTS FEB 2 2 2023



850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext:

Date: 02/21/23 Order #: 512503-1

Re: Iron Guard Solutions Inc. Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

120000000195

AUTHORIZATION:

Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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 unava	allable in Florida, enter alternate corporate na	ame adopted for the purpose of transacting bu	siness in Florida)	
California 95.3		3. 85-3396549	85-3396549	
(State or cour	ntry under the law of which it is incorporated	I) (FEI number, if applies	ıble)	
(Da	ste of incorporation)	(Date of duration, if other than perpetual)		
Upon Filing				
		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)		
2020 N. Centra	I Avenue Phoenix, AZ 85004			
		office street address)	=	
	111 . C. 1 C. 04507			
1350 Carlback	Avenue Walnut Creek, CA 94596		?	
1350 Carlback		ailing address, if different)	2023 !	
1350 Carlback		ailing address, if different)	2023 FF7	
			2023 FET 2 !	
	(Current m		2023 FET 2 2 1 1	
Name and str	(Current m			
Name and str	(Current meet address of Florida registered agent: Corporation Service Company 1201 Hays Street	(P.O. Box <u>NOT</u> acceptable)	7:	
Name and str	(Current meet address of Florida registered agent: Corporation Service Company 1201 Hays Street	(P.O. Box <u>NOT</u> acceptable)	! @: ?	
Name and <u>str</u> Name: ffice Address:	(Current meteet address of Florida registered agent: Corporation Service Company 1201 Hays Street Tallahassee (City)		;; <u></u> 9.	
Name and <u>str</u> Name: ffice Address: Registered a	(Current meter address of Florida registered agent: Corporation Service Company 1201 Hays Street Tallahassee (City) gent's acceptance:	(P.O. Box <u>NOT</u> acceptable) , Florida 32301 (Zip code)	¦™ 9: 28	
Name and <u>str</u> Name: Flice Address: Registered a aving been na	(Current meet address of Florida registered agent: Corporation Service Company 1201 Hays Street Tallahassee (City) gent's acceptance: med as registered agent and to accept so	(P.O. Box NOT acceptable) , Florida 32301 (Zip code) ervice of process for the above stated con	eporation at the	
Name and str Name: ffice Address: Registered a aving been na asignated in th rther agree to	(Current m cet address of Florida registered agent: Corporation Service Company 1201 Hays Street Tallahassee (City) gent's acceptance: med as registered agent and to accept so is application, I hereby accept the appo- comply with the provisions of all statut	(P.O. Box NOT acceptable) Florida 32301 (Zip code) ervice of process for the above stated con intment as registered agent and agree to the relative to the proper and complete pe	rporation at the	
Name and str Name: office Address: Registered a laving been na esignated in th urther agree to	(Current meet address of Florida registered agent: Corporation Service Company 1201 Hays Street Tallahassee (City) gent's acceptance: med as registered agent and to accept so is application, I hereby accept the appo	(P.O. Box NOT acceptable) Florida 32301 (Zip code) ervice of process for the above stated con intment as registered agent and agree to the relative to the proper and complete pe	rporation at the	
Name and str Name: ffice Address: Registered a laving been na esignated in th arther agree to and I am familia	(Current m cet address of Florida registered agent: Corporation Service Company 1201 Hays Street Tallahassee (City) gent's acceptance: med as registered agent and to accept so is application, I hereby accept the appo- comply with the provisions of all statut	(P.O. Box NOT acceptable) Florida 32301 (Zip code) ervice of process for the above stated con intment as registered agent and agree to the relative to the proper and complete pe	rporation at the	

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	F. Michael Heffernan Name:	□Chairman	Name: Daniele Sebastiani
□Vice Chairman	Address:	□Vice Chairman	Address:
■Director	Walnut Creek, CA 94596	□Director	Walnut Creek, CA 94596
President		President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	Treasurer
■OtherCEO	Other	■Other	
□Chairman	Jennifer Anne Mahoney	□ Chairman	Name:
	Name:1350 Carlback Avenue Address:		1350 Carlback Avenue
■ Director	Walnut Creek, CA 94596	□ Vice Chairman ■ Director	Walnut Creek, CA 94596
□President		□President	
□Vice President		□Vice President	
■ Secretary	□Treasurer	□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
individuals may be	Use an attachment to report more than six (6). The a added to the index when filing your Florida Depart	ment of State Annual Re	port form.
U	Signature of Directo	or or Officer	
The officer or direct she is aware that far s.817.155. F.S.	tor signing this document (and who is listed in num lse information submitted in a document to the Dep	iber 11 above) affirms the	at the facts stated herein are true and that he of
Jennifer Ann	ne Mahoney		



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

Entity Name:

IRON GUARD SOLUTIONS INC.

Entity No.:

4625778

Registration Date:

08/09/2020

Entity Type:

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 February 21, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 084086325

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.