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COVER LETTER

TO:	O: Registration Section Division of Corporations					
SUBJE	ECT:	Financial Security N	lanagement, Inc. (to	replace fi	ling W23000057541)
001111			Name of corporat	ion - mu	st include suffix	
Dear Si	r or M	adam:				
"Certifi	cate of		rtificate of Good S	tanding"	and check are sub-	ct Business in Florida," mitted to register the
Please r	return a	ill correspondence	concerning this ma	tter to th	e following:	
Kristy E	DeJarne	11e				
			Name	of Perso	n	
Financia	al Secu	rity Management, Inc	,			
		•	Firm/C	ompany	-	
477 Vik	ing Dri	ve. Suite 305				
			Λο	ldress		
Virginia	i Beach	, VA 23452				
			City/Stat	e and Zi	o code	
kristy@	gofsg.c					
		E-mail	address: (to be use	ed for fut	ure annual report n	otification)
For furt	her int	ormation concernir	ig this matter, pleas	se call:		
Kristy I)eJarne	tte	757 at () 41) 431-1414	
	Name	e of Person	Area C	Code	Daytime Telepl	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			
	iake ch			□ \$78	TATE .75 Filing Fee & tified Copy	S87.50 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.

1. Financial Secur	ity Management, Inc.		
(Enter name of c "Inc.," "Co.," "C	corporation; must include "INCORPORATED," " Torp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATIO	N."
(If name unavoid	able in Florida, enter alternate corporate name add	nated for the number of transport	na husinoss in Elozida)
Viroinia	•	i-1832360	ng business in Florida)
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
4. (Date of incorporation) N/A		(Date of duration, if other than perpetual)	
6.	(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502 ve, Suite 138 & 139, Jupiter, Florida 33458	lorida, if prior to registration) , F.S., to determine penalty liabil	lity)
/·	(Principal office	street address)	
477 Viking Driv	e, Suite 305, Virginia Beach, VA 23452		
8. Name and stre	(Current mailing a et address of Florida registered agent: (P.O. I	ddress, if different) Box NOT acceptable)	2023 APR 28 SECRETAR TALLAHA
Name:	A. Ray Megginson	<u> </u>	
Office Address:	348 Sonoma Isles Circle	_	PH 3: 28 OF STATE SSEE, FL
	Jupiter	, Florida	28 FL
	(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.

A. DIRECTORS	•					
□Chairman	Name: A. Ray Megginson	□Chairman	Name: Reginald C. Corinaldi			
□Vice Chairman	348 Sonoma Isles Circle Address:	□Vice Chairman	Address:			
□Director	Jupiter, FL 33478	Director	Virginia Beach, VA 23452			
□President		□President				
■Vice President		■ Vice President				
Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	Other	□Other	Other			
Chairman	Name:	□Chairman	Gayle Blachura			
□Vice Chairman	410 Walbridge Road	□ Vice Chairman	Address: 2256 Natoma Drive			
Director	Cape Charles, VA 23310	Director	Virginia Beach, VA 23456			
□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			
	Jse an attachment to report more than six (6). The attac added to the index when filing your Florida Departmen	nt of State Annual Re	port form.			
	Signature of Director or	Officer				
	etor signing this document (and who is listed in number lse information submitted in a document to the Departr					
13. A. Ray Megginson, Vice President, Secretary						

Common boealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That FINANCIAL SECURITY MANAGEMENT, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on January 13, 1997;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

March 23, 2023

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2023032318533466