F23000004031

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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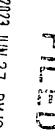




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COVER LETTER

| TO: | _ | tration Section on of Corporations | | | |
|--|---------|--|--|--|--|
| SUBJI | ECT: | Safeguard Security Group Inc | | | |
| 0000 | | | of corporation - mus | t include suffix | |
| Dear Si | r or M | adam: | | | |
| "Certifi | cate o | "Application by Foreign Co Existence," or "Certificate ced foreign corporation to tr | of Good Standing" | and check are submi | |
| Please i | return | all correspondence concerni | ng this matter to the | following: | |
| Eric Ag | ababay | ev | | | |
| | • | | Name of Persor | 1 | |
| Agabab | ayev ar | id Associates Inc | | | |
| | | | Firm/Company | | |
| 1661 M | cdonale | l Avenue, Suite 100 | | | |
| | | | Address | | |
| Brookly | m, NY | 11230 | | | |
| | | | City/State and Zip | code | |
| eric@ny | ytaxhel | o.com | | | |
| | | E-mail address | : (to be used for fur | ure annual report not | tification) |
| For fur | ther in | formation concerning this m | atter, please call: | | |
| Eric Ag | ababay | ev | 917 88 | 7-8935 | |
| _ | Nam | e 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 | |
| | nake ch | check for the following amorek payable to: FLORIDA DI ing Fee | EPARTMENT OF S g Fee & \square \$78. | TATE 75 Filing Fee & tified Copy | \$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.

| Safeguard Secui | rity Group Inc | | | |
|--|---|--|-------------------------------|--|
| | orporation; must include "INCORPORATEE orp," "Inc," "Co." or "Corp.") |)," "COMPANY," "CORPORATI | ON," | |
| (If name unavail | able in Florida, enter alternate corporate name | e adopted for the purpose of transac | eting business in Florida) | |
| New York | 3 | 81-5253343 | | |
| (State or country under the law of which it is incorporated) | | (FEI number, if applicable) | | |
| ·(Date | of incorporation) | (Date of duration, if oth | er than perpetual) | |
| | | | | |
| 80 S.W 8th Street | (SEE SECTIONS 607.1501 & 607. t, Suite 2000 Miami, FL 33130 | | | |
| 4505 Fort Hamile | Principal of ton Pkwy, Brooklyn, NY 11219 | fice street address) | | |
| | | ing address, if different) | | |
| 3. Name and <u>stree</u> Name: Office Address: | et address of Florida registered agent: (P. Emanual Murdakhayev 80 S.W 8th Street, Suite 2000 | O. Box <u>NOT</u> acceptable) | 202 SE | |
| | Miami | , Florida ³³¹³⁰ | | |
| | (City) | (Zip code) | 2023 JUN 27 SEGRI ASA | |
| laving been nam designated in this further agree to c | ent's acceptance: ned as registered agent and to accept serve application. I hereby accept the appoint comply with the provisions of all statutes r with and accept the obligations of my p | tment as registered agent and a relative to the proper and comp | nted corporation in the place | |
| | (Registered agent's | signature) | | |
| | (Trog.merea rigent a | | | |

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

| A. DIRECTORS | · | | |
|--------------------|--|------------------------------|---------------------------|
| ■ Chairman | Name: Yusuf Murdakhayev | □Chairman | Name: Emanual Murdakhayev |
| □Vice Chairman | Address: | □Vice Chairman | Address: |
| □Director | Brooklyn, NY 11219 | □Director | Brooklyn, NY 11219 |
| □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 |
| □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 added to the index when filing your Florida De | partment of State Annual Re | port form. |
| 1 4. | Signature of Dir | ector or Officer | |
| | ctor signing this document (and who is listed in a document to the listed in a documen | Department of State constitu | |

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

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filin 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 the certificate, the following entity information is reflected:

Entity Name: SAFEGUARD SECURITY GROUP INC

DOS ID Number: 5080948

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 02/06/2017

Statement.Status: CURRENT Statement Due Date: 02/28/2025

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 June 02, 2023 at 02:13 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hughan

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100003631709 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov