# F23000005482

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
ertified Copies Certificates of Status							
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SEP 25 2023 K. Brumbley



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 011053 8066115 AUTHORIZATION COST LIMIT ORDER DATE: September 21, 2023 ORDER TIME : 10:37 AM ORDER NO. : 011053-001 CUSTOMER NO: 8066115 FOREIGN FILINGS NAME: SECURE GROUP, INC. XXXX QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER: \_\_\_\_

CONTACT PERSON: Eyliena Baker -- EXT#

### **COVER LETTER**

TO:	_	tration Section of Corp					
SUBJ	ECT:	SECURE	GROUP, INC.				
00110	.,		Name o	t corporation	- must i	nclude suffix	
Dear S	ir or M	adam:					
"Certif	icate of	Existence		of Good Stan	ding" ar	id check are sub	et Business in Florida," omitted to register the
Please	rcturn a	all correspo	ndence concernit	ng this matter	to the fo	ollowing:	
Jed Ma	iitland-C	Carter					
				Name of	Person		
Secure	Group,	Inc.					
				Firm/Com	pany		
4581 G	ienesee!	St					
			-	Addro	:SS		
Cheekt	owaga, i	NY. 14225					
				City/State as	nd Zip c	ode	_
jed@w	orldwate	er.gl		···			
			E-mail address:	(to be used f	or future	e annual report i	notification)
For fur	ther inf	ormation c	oncerning this ma	itter, please c	all:		
Jed Ma	itland-C	arter		720 at (	998 2	2158	
	Namo	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			i:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please r		eck payable	te following amouto: FLORIDA DE S78.75 Filing Certificate of	PARTMENT Fee & □	\$78.75	TE Filing Fee & ed Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

N COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

North Water G	numbered Co				
		116			
Texas	lable in Florida, enter alternate corporate name ac	topted for the purpose of transacti	ng business in Fiorida)		
	ry under the law of which it is incorporated)	(FEI number, if a	nnligable		
10/23/2009	•	(i izi nambei, ii a	ρμισασίο		
	5	(Date of duration, if other	(Date of duration, if other than perpetual)		
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		lity)		
5755 Oberlin Dr	. Ste 301 San Diego, CA 92121				
	(Principal office	e <u>street</u> address)			
4581 Genesee S	t Cheektowaga, NY 14225				
	(Current mailing	address, if different)	. 2		
Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)	AH FILI 2023 SEP 25		
Name:	Corporation Service Company	- <del></del>	25 PM 5: 46		
fice Address:	1201 Hays Street				
	Tallahassee	Florida 32301			
	(City)	(Zip code)	j.··· on		
wing been nan signated in this other agree to c d I am familia	ent's acceptance: ned as registered agent and to accept services application, I hereby accept the appointment comply with the provisions of all statutes relieves with and accept the obligations of my positions.  Corporation Service Company	ent as registered agent and agr ative to the proper and comple	ree to act in this capacity.		

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to
ne Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction
nder the law of which it is incorporated.

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

∃Chairman ·	Name:	_ □Chairman Na	ame:
JVice Chairman	Address:		ddress:
Director	Cheektowaga, NY 14225	□n:	
<b>■</b> President		_ □ President	
JVice President		_ □ Vice President	
]Secretary	□Treasurer	□Secretary	□Treasurer
Other	Other	Other	Other
]Chairman	Name:	_ □Chairman Na	une:
3Vice Chairman	Address:	□ Vice Chairman A	ddress:
]Director		Director	
]President		□ President	
]Vice President		□ Vice President	
]Secretary	□Treasurer	□Secretary	□Treasurer
30ther		□Other	Other
1Chairman	Name:	_ □Chairman Na	ime:
)Vice Chairman	Address:	□Vice Chairman Ac	ddress:
Director		□Director	
]President		□President	
]Vice President		□ Vice President	
lSecretary .	□Treasurer	□Secretary	□Treasurer
]Other	Other	Other	
dividuals may be 2.		epartment of State Annual Report	t form.
ie is aware that fai 817.155, F.S.	tor signing this document (and who is listed in lse information submitted in a document to the d-Carter. President		

.. DIRECTORS

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



Jane Nelson Secretary of State

## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for SECURE GROUP, INC. (file number 801185851), a Domestic For-Profit Corporation, was filed in this office on October 23, 2009.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 22, 2023.



gave Helson

Jane Nelson Secretary of State

Phone: (512) 463-5555

Dial: 7-1-1 for Relay Services