# F24000004767

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## **COVER LETTER**

	stration Section ion of Corporations			
SUBJECT:	Global Security and Investigat	ice		
SOBJECT.	Name o	f corporation -	- must include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Corf Existence," or "Certificate of ced foreign corporation to tra	of Good Stand	ling" and check are sub-	
Please return	all correspondence concerning	g this matter t	to the following:	
Dean Golemis				
	<del></del>	Name of P	erson	
Global Securit	y and Investigative Services			
	-	Firm/Comp	pany	
367 Windsor I	lighway, #107			
		Addres	SS	·
New Windsor,	NY 12553			
		City/State an	d Zip code	
dean@global-s	securityservices.com			
,	E-mail address:	(to be used fo	or future annual report r	notification)
For further in	formation concerning this ma	tter, please ca	ill:	
Michelle Calpo	0	at ( <u>845</u>	534-3541	
Nam	e of Person	Area Code	Daytime Telepl	hone Number
Regis Divis The C 2415	EET/COURIER ADDRESS stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	:	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
	check for the following amounter to: FLORIDA DE ing Fee \$78.75 Filing Certificate of	PARTMENT (Fee &	OF STATE \$78.75 Filing Fee & Certified 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.

Global Security	and Investigative Services, Inc.		
	orporation; must include "INCORPORATED orp." "Inc," "Co," or "Corp.")	O," "COMPANY," "CORPORATION,"	
GSIS Inc.			
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting b	usiness in Florida)
New York			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applie	cable)
4. 9-9-2008	5	n/a	
(Date	of incorporation) 5	(Date of duration, if other than perpetual)	
6. <u>n/a</u>			
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
7. 16207 Tradewind	Terrace Bradenton, Florida 34211-1417		
		fice street address)	
367 Windsor Hig	hway #107 New Windsor, NY 12553		
	(Current mail	ing address, if different)	
8. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	٠.
Name:	Dean Gotemis		2921
Office Address:	16207 Tradewind Terrace		935 1200
	Bradenton	, Florida 34211-1417	ಪ
	(City)	(Zip code)	25
0 Dazi-td			9 32
	ent's acceptance: led as registered agent and to accept serv	vice of process for the above stated co	ornaration at the place
	application, I hereby accept the appoint		
	omply with the provisions of all statutes		performance of my dutie
and I am familiar	with and accept the obligations of my p	osition as registered agent.	
_	(Registered agent's	signature)	_
10 Attached is a	certificate of existence duly authenticated		rome of this application to
iv. Amaciicu is a	commence of existence duty authenticated	a, not more man zo daya prior to denv	Cry or una apprication u

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 Dean Golemis Name: \_ □ Chairman □ Chairman Name: \_\_\_\_\_ 16207 Tradewind Terrace ☐ Vice Chairman Address: ☐ Vice Chairman Address: Bradenton, Florida 34211-1417 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 □Treasurer ☐ Secretary ☐ Secretary ☐ Treasurer □Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ Other \_\_\_\_ □Other \_\_\_\_\_ □ Chairman Name: \_\_\_\_\_ □ Chairman □Vice Chairman Address: \_\_\_\_\_\_ □Vice Chairman Address: □ Director □ Director ☐ President □President □Vice President \_\_ □Vice President □ Secretary □Treasurer ☐ Secretary Treasurer □Other \_\_\_\_\_ \_\_\_ □Other \_ \_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Dean Golemis



## TRANSMITTAL FORM

8/29/2024

To: Department of Agriculture and Consumer Services

**Division of Licensing, Regional Office** 

P.O. Box 5767

Tallahassee, Florida 32314-5767

Subject: Application by Foreign Corporation

Enclosed are the following documents:

1	Cover Letter	1 page
2	Application of foreign Corporation for Authorization to Transact Business in Florida	2 pages
3	State of New York Department of State Certificate of Status – Original	1 page
4	Payment	Check #6937
<u> </u>		

## STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in 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 this certificate, the following entity information is reflected:

Entity Name:

GLOBAL SECURITY AND INVESTIGATIVE SERVICES INC.

DOS ID Number:

3717990

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

09/09/2008

Statement Status:

CURRENT

Statement Due Date:

09/30/2024

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 July 26, 2024 at 11:30 A.M.

andon C Heylan

WALTER T. MOSLEY Secretary of State

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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