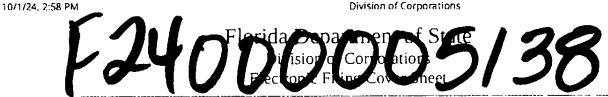
Ta: 18506176383 Page: 1/4

Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## FOREIGN PROFIT/NONPROFIT CORPORATION **ABA PROTECTION INC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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Help

Fax: 8134365206

10/1/2024 12:02:23 PDT To: 18506176383 Page: 2/4 Fax: 8134365206

## 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.

		manacing our	iness in Florida)
California	2		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicat	ole)
03/26/2015			
(Date	of incorporation)	(Date of duration, if other than p	erpetual)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		
7901 4th St N ST	E 300 St. Petersburg, FL 33702		
		street address)	
	(Current mailing	address, if different)	
			26
Name and <u>stree</u>	et address of Florida registered agent: (P.O.		5,474,0
Name and <u>stree</u> Name:			130 4793
Name:	et address of Florida registered agent: (P.O.		1 - 130 4793
Name:	et address of Florida registered agent: (P.O. Northwest Registered Agent LLC 7901 4th St N STE 300	Box <u>NOT</u> acceptable)	
Name:	et address of Florida registered agent: (P.O. Northwest Registered Agent LLC 7901 4th St N STE 300		
Name: fice Address:	et address of Florida registered agent: (P.O. Northwest Registered Agent LLC  7901 4th St N STE 300  St. Petersburg  (City)	Box <u>NOT</u> acceptable)	2024 OCT - 1 PH 4: 27
Name: fice Address: Registered ag	et address of Florida registered agent: (P.O. Northwest Registered Agent LLC 7901 4th St N STE 300	Box NOT acceptable)	PH 4: 27
Name: Tice Address: Registered agiving been namignated in this	et address of Florida registered agent: (P.O. Northwest Registered Agent LLC  7901 4th St N STE 300  St. Petersburg  (City)  ent's acceptance: red as registered agent and to accept service application, I hereby accept the appointment.	Box NOT acceptable)  Florida 33702 (Zip code)  r of process for the above stated corport as registered agent and agree to	PH 4: 27 poration at the act in this cape
Name: fice Address:  Registered agiving been namignated in this ther agree to c	et address of Florida registered agent: (P.O. Northwest Registered Agent LLC  7901 4th St N STE 300  St. Petersburg  (City)  ent's acceptance: and as registered agent and to accept services	Box NOT acceptable)  Florida 33702 Zip code)  r of process for the above stated corport as registered agent and agree to ative to the proper and complete per	PH 4: 27 poration at the act in this cap

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

10/1/2024 12:02:23 PDT To: 18506176383 Page: 3/4 Fax: 8134365206

□Chairman Name: Anton Belov □Chairman   □Vice Chairman Address: □Vice Chairman   7901 4th st N Ste 300 □Director   ☑President □President   □Vice President □Vice President   ☑Vice President □Secretary   ☐Other □Other   □Chairman	□ Treasurer □ Other			
XDirector	□ Treasurer			
X Director	□ Treasurer	<u> </u>		
☐ Vice President	☐ Treasurer	_		
	□ Treasurer			
□Other □Other □Other	□Other			
□Chairman Name: □Chairman	Name:			
□Vice Chairman Address: □ Vice Chairman	Address:			
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				
□President □President				
□Vice President □ Vice President				
□Secretary □Treasurer □Secretary	□Treasurer			
□Other □Other □Other	□Other			
□Chairman Name: □ □ □ Chairman	Name:			
□Vice Chairman Address: □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□	n Address:			
□Director □Director				
□President □President				
□Vice President □Vice President				
□Secretary □Treasurer □Secretary	□Treasurer			
□Other □Other	□ Other	<del></del> .		
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.  12. Each Below  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.

10/1/2024 12.02.23 PDT To: 18506176383 Page: 4/4 Fax: 8134365206



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

Entity Name: ABA PROTECTION INC

**Entity No.:** 3771326 **Registration Date:** 03/26/2015

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 September 30, 2024.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 252251016

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.