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SECRETARY OF STATE

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COVER LETTER

Division of Corporations
SUBJECT: American Protection Group Inc. Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Tyrone Smith Name of Person
American Protection Group Inc.
1905 Sherman Street Ste 200
Denver CO. 80302
Denver (O. 80302 City/State and Zip code into @ american ims. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tyrone Smith at (850) 508-5638 Name of Person Area Code Daytime Telephone 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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$70.00 Filing Fee \$\sum \text{\$78.75 Filing Fee & } \sum \text{\$878.75 Filing Fee & } \text{\$Certificate of Status}\$ 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. American Protection Croup Inc.
(Enter name of corporation; must include "INCORPORATED." "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co." or "Corp.") A PC Cyber Consulting, INC.

(If name unavailable in Florida, enter alternale corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

(State or country under the law of which it is incorporated)

(FEI number, if applicable) June 2, 2017
(Date of incorporation)

5. MA
(Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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	- 0		-1 (
ElChairman	Name Tyrone Smith		Name: Elaine Sweet
□Vice Chairman	Address: 425 High Bridge Rd.	□Vice Chairman	Address: 2117 Barak Obarna Ble
□Director	Chuncy F1. 32351	□Director	Quincy Fl. 32351
t⊻President		□President	
€!Vice President		☑Vice President	
□Secretary	☐ Treasure:	□Secretary	□Treasurer
Other		□Other	Other
□Chairman □Vice Chairman □Director	Name: Te-Aira Smith Address: 425 High Bridge Rd. Quincy Fl. 32351	□Chairman □Vice Chairman □Director	Name:
□President		□President	
∐Vice President		□Vice President	
Secretary	1.1Treasurer	□Secretary	Treasurer
Other		Other	Other
F11/51	A.	□Chairman	Name:
□Chairman	Name:		Address:
	. 11	OVias Chairman	
	Address:	□Vice Chairman	Address.
7 lDirector		□Director	Address.
		□ Director □ President	Address.
7 lDirector		□Director	
☐Director ☐President		□ Director □ President	☐Tieasurer
☐ Director ☐ President ☐ Vice President	□Treasurer	□ Director □ President □ Vice President	☐ Treasurer
☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department	□ Director □ President □ Vice President □ Secretary □ Other Thinent will be imagent of State Annual R	☐Treasurer ☐Othered for reporting purposes only. Non-indexed

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

AMERICAN PROTECTION GROUP, INC.

is a

Corporation

formed or registered on 06/12/2017 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20171440245.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/17/2024 that have been posted, and by documents delivered to this office electronically through 07/20/2024 @ 05:34:55.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 07/20/2024 @ 05:34:55 in accordance with applicable law. This certificate is assigned Confirmation Number 16222464



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.coloradosos.gov/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradosos.gov/click"Businesses, trademarks, trade names" and select "Frequently Asked Questions."