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(Re	equestor's Name)	<u> </u>
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(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE

CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

11/15/2024

Date:

a: DW

		Acc#I20160000072	
Name:	Eagle Fire In	C.	
Document #:			
Order #:	15955785		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:		Country of Destination:	
Filing:	Certified: Plain: COGS:		Email Address for Annual Report Notifications:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	78.75 Thank you!)	

COVER LETTER

	tion Section of Corporations			
SUBJECT: E	agle Fire Inc.			
50101301.	Name of cor	poration - mus	t include suffix	
Dear Sir or Mad	am:			
"Certificate of E	application by Foreign Corpora existence," or "Certificate of God d foreign corporation to transac	ood Standing"	and check are subm	Business in Florida," itted to register the
Please return all	correspondence concerning th	is matter to the	following:	
Noelle Critz				
	ì	Name of Person	1	
Foley & Lardner	LLP			
	F	irm/Company		
100 N. Tampa Sti	reet, Suite 2700			
		Address		
Tampa, Florida 3	3603			
<u> </u>	Cit	y/State and Zip	code	
ncritz@foley.con		x		
	E-mail address: (to	be used for fut	ure annual report no	tification)
For further infor	rmation concerning this matter	. please call:		
Noelle Critz	at (_	313 22	5-5429	
Name o		Vrea Code	Daytime Telepho	one Number
Registra Divisio The Ce 2415 N	etr/COURIER ADDRESS: ation Section in of Corporations intre of Tallahassee . Monroe Street, Suite 810 ssee, FL 32303		MAILING AI Registration Se Division of Col P.O. Box 6327 Tallahassee, FI	ction porations
Enclosed is a cl Please make chec ☐ \$70.00 Filin	neck for the following amount: ck payable to: FLORIDA DEPAI g Fee	RTMENT OF Set $\mathbb{C} = \mathbb{C}$	STATE .75 Filing Fee & stified 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.

(Enter name of c	orporation: must include "INCORPORATE orp." "Inc." "Co." or "Corp.")	ED," "COMPANY, "CORPORATIO	N.
EFI Fire & Se	curity		
(If name unavail	able in Florida, enter alternate corporate na	me adopted for the purpose of transactir	ng business in Florida)
Virginia		3	
(State or countr	y under the law of which it is incorporated	(FEI number, if ap	oplicable)
November 20, 1	987	5	
(Date	987 of incorporation)	(Date of duration, if other	than perpetual)
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liabil	ity)
7459 Whitepine I	Road, North Chesterfield, VA 23237		
		office street address)	<u> </u>
	(Current ma	niling address, if different)	
	(Current ma	niling address, if different)	
Name and stre	(Current ma		
			s 2
Name and stre	et address of Florida registered agent: (C T Corporation System		2024 SECT
Name:	et address of Florida registered agent: (C T Corporation System 1200 South Pine Island Road	P.O. Box <u>NOT</u> acceptable)	2024 NOV
Name:	et address of Florida registered agent: (C T Corporation System 1200 South Pine Island Road	P.O. Box <u>NOT</u> acceptable) , Florida 33324	2024 NOV 15 SECRETAR TALLAHA
Name:	et address of Florida registered agent: (C T Corporation System 1200 South Pine Island Road		2024 NOV 15 A SECRETARY O
Name: Office Address:	et address of Florida registered agent: (C T Corporation System 1200 South Pine Island Road Plantation (City)	P.O. Box <u>NOT</u> acceptable) , Florida 33324	2024 NOV 15 AMII SECRETARY OF S
Name: Office Address: Registered ag	et address of Florida registered agent: (C T Corporation System 1200 South Pine Island Road Plantation (City) gent's acceptance: med as registered agent and to accept so	P.O. Box NOT acceptable) , Florida 33324 (Zip code) ervice of process for the above state	d corporation at the pl
Name: Office Address: Registered aglaving been namesignated in this	et address of Florida registered agent: (C T Corporation System 1200 South Pine Island Road Plantation (City) gent's acceptance: med as registered agent and to accept so application. I hereby accept the appo	P.O. Box NOT acceptable) , Florida 33324	d corporation at the pl
Name: Office Address: Registered aglaving been namesignated in this arther agree to designee to designate the designation of the d	et address of Florida registered agent: (C T Corporation System 1200 South Pine Island Road Plantation (City) gent's acceptance: med as registered agent and to accept so application, I hereby accept the apportunity with the provisions of all statut	P.O. Box NOT acceptable) , Florida 33324 (Zip code) ervice of process for the above state intment as registered agent and agress relative to the proper and comple	d corporation at the pl
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Name: Office Address: Registered ag Having been nan Jesignated in this jurther agree to o	et address of Florida registered agent: (C T Corporation System 1200 South Pine Island Road Plantation (City) gent's acceptance: med as registered agent and to accept so application, I hereby accept the apportunity with the provisions of all statut	P.O. Box NOT acceptable) The initial and against the state of process for the above state intment as registered agent and agrees relative to the proper and complete position as registered agent.	d corporation at the pl

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			
□Chairman	Name: Raymond E. Clarke	☐ Chairman	Name: David L. Miller
□Vice Chairman	7459 White Pine Road Address:	□Vice Chairman	7459 White Pine Road Address:
Director	Richmond, Virginia 23237	□Director	Richmond, Virginia 23237
■ President		□President	
□Vice President		■ Vice President	
□ Secretary	□Treasurer	□Secretary	□Treasurer
□Other	Other Chief Executive Officer	□Other	Other
□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	Name: Matthew A. Riffe 7459 White Pine Road Address: Richmond, Virginia 23237 Treasurer Other Chief Financial Officer	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other	Richmond, Virginia 23237
□ Chairman	Name: Paul M. Whitaker	□ Chairman	Name: John Dziminski
□ Vice Chairman	7459 White Pine Road	□Vice Chairman	Address: 7459 White Pine Road
□Director	Richmond, Virginia 23237	Director	Richmond, Virginia 23237
□President		□President	
□Vice President		□Vice President	···
□Secretary	□Treasurer	☐ Secretary	☐Treasurer
□Other	Other Chief Operating Officer	□Other	□Other
The officer or dir she is aware that s.817.155. F.S.	Use an attachment to report more than six (6). The attachment added to the index when filing your Florida Department Signature of Director of Signature of Director of ector signing this document (and who is listed in number false information submitted in a document to the Department Chief Financial Officer	nt of State Annual R r Officer - [1] above) affirms t	hat the facts stated herein are true and that he or

Commondae althor Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That EAGLE FIRE INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on November 20, 1987;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

November 5, 2024

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2024110520988976