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(Requestor's Name)									
(Address)									
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(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	ECT: Spartan Security Syst	ems Inc.					
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of corporation	on - must	include suffix			
Dear S	ir or Madam:						
"Certif	closed "Application by For leate of Existence," or "Ce referenced foreign corporat	rtificate of Good Sta	ınding" a	ind check are sub			
Please	return all correspondence c	oncerning this matt	er to the	following:			
Jeffrey	S Richardson						
		Name o	of Person				
Spartan	Security Systems Inc.						
		Firm/Ce	mpany				
4660 F	owler Trail						
		Ado	lress				
Cummi	ng, GA 30041						
		City/State	and Zip	code			
Admin	@SpartanSecuritySystems.com						
	E-mail	address: (to be used	I for futu	re annual report r	otification)		
For fur	ther information concerning	g this matter, please	call:				
Jeff Richardson at (404) Name of Person Area Co.			475	-4937			
	Name of Person	Area Co	ode	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				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please	Č .		☐ \$78.7	ATE 75 Filing Fee & fied Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy		

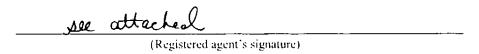
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Spartan Security	Systems Inc.							
(Enter name of c	orporation; must include "INCORPORATE forp." "Inc." "Co." or "Corp.")	D,	"COMPANY," "CORPORATION,"					
(If name unavail	able in Florida, enter alternate corporate nar	ne	adopted for the purpose of transacting	ousiness i	n Flori	<u>da)</u>		
Georgia		3 58-1883651						
(State or country under the law of which it is incorporated)			(FEI number, if applicable)					
(Date of incorporation)			(Date of duration, if other than perpetual)					
)				
4660 Fowler Trai	l, Cumming, GA 30041		, , ,					
•		otii	ce <u>street</u> address)					
	(Current ma	ilir	ng address, if different)		20			
. Name and <u>stre</u> s	et address of Florida registered agent: (l	P.C). Box <u>NOT</u> acceptable)		100 hZ			
Name:	Registered Agents Inc.				23			
Office Address:	7901 4th St N STE 300			 	PH			
	St Petersburg		, Florida ³³⁷⁰²	52	င်း	٠		
	(City)		(Zip code)	- 	င်ာ			
-	(Enter name of c "Inc.," "Co.," "C (If name unavail Georgia (State or count) 10/02/1989 (Date 4660 Fowler Trai	"Inc.," "Co.," "Corp." "Inc.," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate nar Georgia (State or country under the law of which it is incorporated) 10/02/1989 (Date of incorporation) (Date first transacted busines (SEE SECTIONS 607.1501 & 607.4660 Fowler Trail, Cumming, GA 30041 (Principal of Current material and street address of Florida registered agent: (Name: Registered Agents Inc. 7901 4th St N STE 300 St Petersburg	(Enter name of corporation: must include "INCORPORATED." "Inc.," "Co.," "Corp." "Inc.," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name Georgia (State or country under the law of which it is incorporated) 10/02/1989 (Date of incorporation) (Date first transacted business in (SEE SECTIONS 607.1501 & 607.1501 & 607.1501) (Principal offi (Current mailing) Name and street address of Florida registered agent: (P.C. Name: Registered Agents Inc. 7901 4th St N STE 300 St Petersburg	(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co.," "Corp." "Inc.," "Co.," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting lands of transacting lands of the purpose of transacting lands o	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp." "Inc.," "Co.," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business of Georgia 3. 58-1883651 (State or country under the law of which it is incorporated) (Date of incorporation) (Date of duration, if other than perpetute of transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) 4660 Fowler Trail, Cumming, GA 30041 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. 7901 4th St.N.STE 300 St. Petersburg Florida 33702	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp." "Inc." "Co.," or "Corp.") (If name unavailable in Florida, enter alternate 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) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4660 Fowler Trail, Cumming, GA 30041 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. 7901 4th St N STE 300 St Petersburg Florida St Petersburg Florida 33702		

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.



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 □Chairman Name: 4660 Fowler Trai, Cumming, GA □Vice Chairman Address: ☐ Vice Chairman Address: □ Director □ Director □President President □ Vice President □Vice President □Treasurer □ Secretary ☐ Treasurer □Secretary □Other □Other □Other _____ □Other ____ Name: Kathy Richardson □ Chairman □ Chairman Name: same as above □Vice Chairman Address:] □Vice Chairman Address: Director □Director □President **ElPresident** ☐ Vice President □Vice President ☐ Treasurer □ Secretary □Treasurer □Other _____ □Other _____ □Other _____ □Chairman □ Chairman Name: □ Vice Chairman Address: _____ Address: ☐ Vice Chairman Director □ Director □ President □President □Vice President ☐Vice President □ Secretary ☐ Treasurer □ Secretary □ Treasurer □Other ____ □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. 12. Lathur Dichard 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.

Kathy Richardson, Secretary

Control Number: J920025

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

SPARTAN SECURITY SYSTEMS, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 28168739 Date Inc/Auth/Filed : 10/02/1989 Jurisdiction : Georgia Print Date : 10/16/2024 Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State

Spartan Security Systems

Thank you for your order!

Your payment has been processed. Your order confirmation number is #22C6D9AG

Your Registered Agent Details

Florida

Registered Agents Inc 7901 4th St N STE 300 St. Petersburg, FL 33702

Authorized individual on behalf of the Registered Agent: David Roberts

Whether you are trying to form a new company, change your existing Registered Agent, or registering your company to do bus in another state, we can help!

Start Date: 10/2

End Date: 10/2