

12/12/24, 11:56 AM

Division of Corporations

**F24000006427**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H24000409299 3)))



H240004092993ABC6

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608)827-5300  
Fax Number : (608)827-5501

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

Email Address: kristin@keystoneps.com

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
24 DEC 17 AM 10:55

## FOREIGN PROFIT/NONPROFIT CORPORATION

### Keystone Public Safety Incorporated

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

RECEIVED

2024 DEC 17 PM 4:51

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 13, 2024

BUSINESS FILINGS

SUBJECT: KEYSTONE PUBLIC SAFETY INCORPORATED  
REF: W24000164129

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the complete street address for the principal place of business and Kristin Morrissey.,

If you have any further questions concerning your document, please call .

Emani D Manning  
OPS Clerk  
Certification Section

FAX Aud. #: H24000409299  
Letter Number: 924A00027131

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

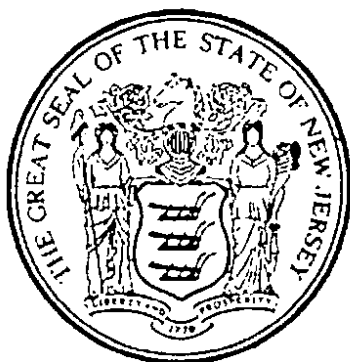
**KEYSTONE PUBLIC SAFETY INCORPORATED**  
0400101290

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on August 11, 2005.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

KEYSTONE INFORMATION SYSTEMS INCORPORATED  
TALL OAKS CORPORATE CENTER  
1000 LENOLA ROAD  
MAPLE SHADE, NJ 08052



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
11th day of December, 2024*

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6159802193

Verify this certificate online at

[https://www1.state.nj.us/FYTR\\_StandingCert/ASP/Verify\\_Cert.asp](https://www1.state.nj.us/FYTR_StandingCert/ASP/Verify_Cert.asp)

# 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

1. Keystone Public Safety Incorporated  
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey 3. 20-3287597  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/11/2005 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon Qualification  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1400 Barlow Court, Palm Beach Gardens, FL 33410  
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Michael DePerro

Office Address: 1400 Barlow Court  
Palm Beach Gardens, Florida 33410  
(City) (Zip code)

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) Michael DePerro, 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

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
24 DEC 17 AM 10:56

H24000409299 3

## A. DIRECTORS

☐ Chairman Name: Michael DePerro  
☐ Vice Chairman Address: 1400 Barlow Court  
☒ Director Palm Beach Gardens, Florida 33410  
☒ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☒ Chairman Name: Judson B. Van Dervort, Sr.  
☐ Vice Chairman Address: 1700 St. David's Lane  
☐ Director Vero Beach, Florida 32967  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name: Kristin Morrissey  
☐ Vice Chairman Address: 1400 Barlow Court  
☐ Director Palm Beach Gardens, Florida 33410  
☐ President  
☐ Vice President  
☒ Secretary ☒ Treasurer  
☐ Other ☐ Other

☐ Chairman Name:  
☐ Vice Chairman Address:  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name:  
☐ Vice Chairman Address:  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name:  
☐ Vice Chairman Address:  
☐ Director  
☐ President  
☐ Vice President  
☐ 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.

12 Michael DePerro  
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.

13. Michael DePerro, President  
(Typed or printed name and capacity of person signing application)

H24000409299 3