

State of Rhode Island Office of the Secretary of State

Fee: \$310.0

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

| Foreign Corpor | ation | |
|------------------------|-------------|--------------|
| Application for | Certificate | of Authority |

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is NFS MONITORING, INC.

SECTION II

It is incorporated under the laws of State: FL Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

SECTION III

The name, if different, which it elects to use in Rhode Island:

- (a) If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island **OR**
- (b) if the corporation proposes to qualify and transact business under a different name, list that name:

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 6/1/1982

and the period of its duration is X Perpetual

SECTION V

The location of its principal office is

No. and Street:

8401 MAYLAND DR STE A

City or Town:

RICHMOND

State: VA

Zip: 23294

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street:

47 WOOD AVE SUITE 2

City or Town:

BARRINGTON State: RI

Zip: <u>02806</u>

and the name of its proposed registered agent in Rhode Island at that address is NORTHWEST REGISTERED AGENT LLC

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

BURGLAR ALARM MAINTENANCE AND MONITORING

SECTION VIII

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|-----------|------------------------------------------------|---------------------------------------------------------|
| PRESIDENT | OWEN DETARDO | 47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA |
| TREASURER | OWEN DETARDO | 47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA |

| ш | | | |
|---|----------------|--------------|-------------------------------------------------|
| | SECRETARY | OWEN DETARDO | 47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA |
| | VICE PRESIDENT | OWEN DETARDO | 47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA |
| | DIRECTOR | OWEN DETARDO | 47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA |

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|----------------|------------------------------------------------|---------------------------------------------------------|
| PRESIDENT | OWEN DETARDO | 47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA |
| TREASURER | OWEN DETARDO | 47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA |
| SECRETARY | OWEN DETARDO | 47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA |
| VICE PRESIDENT | OWEN DETARDO | 47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA |
| DIRECTOR | OWEN DETARDO | 47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA |

SECTION IX

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares Num of Shares | |
|----------------|--------------------|------------------------|----------------------------------------|--------|
| CWP | | | \$1.0000 | 500.00 |

Signed this 19 Day of November, 2024 at 11:56:46 AM by the officers(s). This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.

By OWEN DETARDO

Signature of Authorized Officer of the Corporation

Form No. 150 Revised 09/07

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State of Florida Department of State

I certify from the records of this office that NFS MONITORING, INC. is a corporation organized under the laws of the State of Florida, filed on June 1, 1982.

The document number of this corporation is F83397.

I further certify that said corporation has paid all fees due this office through December 31, 2024, that its most recent annual report/uniform business report was filed on February 9, 2024, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Thirteenth day of November, 2024



Secretary of State

Tracking Number: 5464151348CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication