# F24000003874

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| W24000084459                            |  |  |  |  |  |

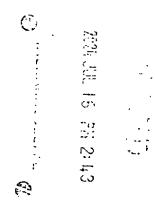
Office Use Only



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### **COVER LETTER**

|  | legistration Section Division of Corporations  |                      |  |  |  |
|--|--|----------------------|--|--|--|
| SUBJEC   | TransitGUARD Inc   |                      |  |  |  |
| JO 1317  |  | corporation -        | must include suffix  |  |  |
| Dear Sir (   | or Madam:  |                      |  |  |  |
| "Certifica   | osed "Application by Foreign Corp<br>ite of Existence," or "Certificate of<br>Ferenced foreign corporation to tran | Good Stand           | ing" and check are submitte  | siness in Florida."<br>d to register the   |  |
| Please ret   | turn all correspondence concerning   | this matter          | o the following:   |  |  |
| P. Mike C  | andelaria  |                      |  |  |  |
|  |  | Name of P            | erson  |  |  |
| TransitGU  | JARD   |                      |  |  |  |
|  |  | Firm/Comp            | pany   |  |  |
| Physical -   | 390 Juanita St - Mailing - PO Box 3  | 77                   |  |  |  |
|  |  | Addre                | ·  | · · · · · · · · · · · · · · · · · · ·  |  |
| Pagosa S <sub>1</sub>  | orings, CO 81147   |                      |  |  |  |
|  | (  | City/State an        | d Zip code   |  |  |
| meandela   | ria@transitguard.com   |                      |  |  |  |
|  | E-mail address: (  | to be used fe        | or future annual report notifi                                     | cation)  |  |
| For furth  | er information concerning this mat   | ter, please ca       | ill:   |  |  |
| Jacob Mi   | skimens  | 206                  | 755-3154   |  |  |
|  | 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 |  |                      | Registration Section<br>Division of Corpo<br>P.O. Box 6327         | MAILING ADDRESS:<br>Registration Section<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassee, FL 32314 |  |
| Please ma  | t is a check for the following amount the check payable to: FLORIDA DEP 0 Filing Fee S78 75 Filing Certificate of  | ARTMENT Fee & $\Box$ | OF STATE<br>\$78.75 Filing Fee & ————————————————————————————————— | S87.50 Filing Fee.<br>Certificate of Status &<br>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.

| TransitGUARD  |   |                                     |   |                |                   | _      |
|---|---|-------------------------------------|---|----------------|-------------------|--------|
|   | orporation, must include "INCORPC<br>orp," "Inc," "Co," or "Corp.")   | ORATED." "CO                        | MPANY." "CORPORAT   | ION,"          |                   |        |
| (If name unavail  | able in Florida, enter alternate corpo  | rate name adoptes                   | I for the purpose of transa                                 | cting busines  | s in Florida)     | -      |
| Colorado<br>2.  | y under the law of which it is incorp   | 3 46272                             | 1301  |                |                   |        |
| 2/11.2  |   |                                     |   |                |                   | _      |
| 4(Date  | of incorporation)   |                                     | (Date of duration, if otl                                   | ner than perpe | rtual)            | -      |
| (s.   |   |                                     |   |                |                   |        |
| ·   | (Date first transacted)<br>(SEE SECTIONS 607-150)   |                                     | la, if prior to registration)  5., to determine penalty lia | bility)        |                   | _      |
| 390 Juanita St. Pa  | agosa Springs, CO 81147   |                                     |   | •              |                   |        |
| ·   | (Pn   | incipal office stre                 | et address)   |                |                   | -      |
| PO Box 3771, Pa   | igosa Springs, CO 81147   |                                     |   |                |                   |        |
|   | (Curr   | rent mailing addre                  | ess, if different)  |                |                   |        |
| 3. Name and <u>stree</u><br>Name:                           | et address of Florida registered ag<br>David Roberts  | zent: (P.O. Box                     | NOT acceptable)   | €3             | .2                |        |
| Office Address:   | 7901 4th St N Ste 300   |                                     |   |                | 2024 JUL 15       |        |
|   | St Petersburg   |                                     | Florida 33702   |                | <del>;=</del><br> |        |
|   | (City)  | ·                                   | Florida 33702 (Zip code)                                    |                |                   | ÷      |
| Having been nam<br>designated in this<br>further agree to c | ent's acceptance:  ned as registered agent and to acc  application. I hereby accept the  omply with the provisions of all;  with and accept the obligations | appointment as<br>statutes relative | registered agent and a<br>to the proper and comp            | gree to act i  | n this cape       | icity. |
| _   | David Roberts (Registered   | l 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       |  |                    |  |
|--------------------|--|--------------------|--|
| □Chairman          | P. Mike Candeluria<br>Name:  | UChamman           | Name: Jennifer Candelaria                        |
| □Vice Chairman     | 390 Juanita St<br>Address:   |                    | Address:   |
| Director           | Pagosa Springs, CO 81147   |                    | Pagosa Springs, CO 81147                         |
| □President         |  | ■ President        |  |
| □Vice President    |  | Vice President     |  |
| ☐ Secretary        | □Treasurer   | □Secretary         | ☐Treasurer                                       |
| □Other             |  | □Other             | □Other   |
| □Chanman           | Name:  | □Chairman          | Name.  |
| □Vice Chairman     | Address:   | □Vice Chairman     | Address:   |
| Director           |  | Director           |  |
| □President         |  | □President         |  |
| □Vice President    |  | UVice President    |  |
| □Secretary         | ☐Treasurer   | <b>ElSecretary</b> | □Treasurer                                       |
| □Other             |  | L l(Ather          | ☐Other   |
| □Chairman          | Name:  | □Chairman          | Name:  |
| □Vice Chairman     | Address:   | UVice Chairman     | Address:   |
| □Director          |  |                    |  |
| □President         |  | ElPresident        |  |
| □Vice President    |  | []Vice President   |  |
| □Secretary         | . Treasurer  | , 1Secretary       | []Treasurer                                      |
| □Other             |  | . 3Other           | ClOther  |
| individuals may be | Use an attachment to report more than six (6), added to the index when filing your Florida I. Candelaria |                    |  |
| The afficer of the | Signature of I.  |                    | on the facts stand herein are true and that he a |

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 of 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.

P. Mike Candelaria



# 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,

TRANSITGUARD INC.

#### is a

#### Corporation

formed or registered on 05/01/2013 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 20131271019.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/18/2024 that have been posted, and by documents delivered to this office electronically through 06/21/2024 (a 08:04:02).

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 06/21/2024 (a) 08:04:02 in accordance with applicable law. This certificate is assigned Confirmation Number 16442438



Secretary of State of the State of Colorado