

**F14000003990**

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.

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**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) 617-6381

From: Account Name : TRIAD PROFESSIONAL SERVICES, LLC  
Account Number : I20C20000094  
Phone : (77C) 777-2091  
Fax Number : (77C) 220-1943

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14 SEP 22 PM 1:02  
DIVISION OF STATE  
CORPORATIONS

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

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
MACE NORTH AMERICA LIMITED**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

*Resubmission -  
Corrections  
made*

*9/23/14*  
9/19/2014

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT: MACE NORTH AMERICA LIMITED**

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

**Sharon K. Gray**

Name of Person

**Triad Professional Services, LLC**

Firm/Company

**1720 Windward Concourse, Ste. 390**

Address

**Alpharetta, GA 30005**

City/State and Zip code

**michele.kimbro@macegroup.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Sharon K. Gray**

at ( **770** ) **777-2091**

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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September 22, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

TRIAD PROFESSIONAL SERVICES, LLC

SUBJECT: MACE NORTH AMERICA LIMITED  
REF: W14000057861

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H14000220407  
Letter Number: 214A00020245

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14 SEP 22 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. MACE NORTH AMERICA LIMITED CORPORATION  
(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)

2. Georgia 3. 45-2795674  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/01/2011 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "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. 6 Concourse Parkway, Suite 2135, Atlanta, GA 30328  
(Principal office address)

6 Concourse Parkway, Suite 2135, Atlanta, GA 30328  
(Current mailing address)


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

Name: NRAI Services, Inc.  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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)

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.

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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Brian P. McNeese  
Address: 6 Concourse Parkway, Suite 2135  
Atlanta, GA 30328

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: Jonathan Holmes  
Address: 6 Concourse Parkway, Suite 2135  
Atlanta, GA 30328

Director: Marcus Burley  
Address: 6 Concourse Parkway, Suite 2135  
Atlanta, GA 30328

B. OFFICERS

President: Brian P. McNeese  
Address: 6 Concourse Parkway, Suite 2135  
Atlanta, GA 30328

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: Brian P. McNeese  
Address: 6 Concourse Parkway, Suite 2135, Atlanta, GA 30328

Treasurer: Chris Othen  
Address: 6 Concourse Parkway, Suite 2135, Atlanta, GA 30328

NOTE: ~~If necessary~~, you may attach an addendum to the application listing additional officers and/or directors.

12.   
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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. Brian P. McNeese  
(Typed or printed name and capacity of person signing application)

**STATE OF GEORGIA**

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

CONTROL NUMBER : 11026426  
DATE INC/AUTH/FILED : April 01, 2011  
JURISDICTION : Georgia  
PRINT DATE : September 19, 2014

**CERTIFICATE OF EXISTENCE**

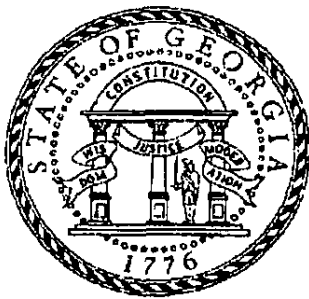
I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**MACE NORTH AMERICA LIMITED**  
A Domestic For-Profit Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above 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.



*B. P. Kemp*

Brian P. Kemp  
Secretary of State

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