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| The American Citadel Guard | l, Inc. | E E | | |
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| () Limited Partnership | () Annual Report | () Other | ı - | |
| ()LLC | () Name Registration | () Change of RA | <u>}</u> 1 | |
| - | () Fictitious Name | () UCC | , | |
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| () Call When Ready | () Call If Problem | () After 4:30 | ē | |
| (x) Walk In | () Will Wait | (x) Pick Up | | |
| () Mail Out | | | | |
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| Availability | //12/02 | Order#: 5446411 | | |
| Document | · | 300006349089 | <u> 1</u> | |
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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| he American C | Citadel Guard, Inc. | | 77.77 | |
|---|--|--|--|----------------|
| lame of corpor | TNCC | RPORATED", "COMPANY", "CORPOI will clearly indicate that it is a corporation e name at present.) | n instead of a | 12 PH C |
| -vicions | | 3 72-1073383 | in ch | 2 |
| ouisiana | under the law of which it is incorpo | atcd) (FEI number, i | f applicable) | ر م |
| | | 5. perpetual | 5 | <u>.</u> |
| une 24, 1986 (Dat | e of incorporation) | (Duration: Year corp. will cease to | existor "perpetual") | |
| upoπ qualificat | ion | 0 000710315 607 1501 607 1502 and 81 | 7155 FS) | - |
| (Date first | t transacted business in Florida.) (Sh | E SECTIONS 607.1501, 607.1502 and 8 | 11,100,1101 | |
| PO Box 1827, | Lake Charles, LA 70602-1827 | | | |
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| · · · · · · · · · · · · · · · · · · · | (Current m | iling address) | | |
| | (Current m | iling address) | | - . |
| C | . , | iling address) | | - . |
| Security guard | • | - · | of Florida) | - . |
| (Purpose | (s) of corporation authorized in hom | state or country to be carried out in state | | - . |
| (Purpose | (s) of corporation authorized in hom | state or country to be carried out in state | | - . |
| (Purpose | (s) of corporation authorized in hom rect address of Florida register | - · | | - . |
| (Purpose | (s) of corporation authorized in hom | state or country to be carried out in state | | - |
| (Purpose Name and str | (s) of corporation authorized in hom rect address of Florida register CT Corporation System | state or country to be carried out in state | | |
| (Purpose Name and str | (s) of corporation authorized in hom rect address of Florida register | estate or country to be carried out in state | | <u> </u> |
| (Purpose Name and str Name: | (s) of corporation authorized in hom rect address of Florida register CT Corporation System | estate or country to be carried out in state ed agent: (P.O. Box or Mail Drop Bo | | <u>-</u> . |
| (Purpose Name and str | (s) of corporation authorized in homerect address of Florida register CT Corporation System 1200 South Pine Island Road | estate or country to be carried out in state | | - . |
| (Purpose Name and str Name: ffice Address: | (s) of corporation authorized in homerect address of Florida register C T Corporation System 1200 South Pine Island Road Plantation | estate or country to be carried out in state ed agent: (P.O. Box or Mail Drop Bo | | - - |
| (Purpose Name and str Name: ffice Address: | (s) of corporation authorized in homerect address of Florida register CT Corporation System 1200 South Pine Island Road | estate or country to be carried out in state ed agent: (P.O. Box or Mail Drop Bo | | - . |
| (Purpose Name and str Name: ffice Address: (). Registered | (s) of corporation authorized in homerect address of Florida register CT Corporation System 1200 South Pine Island Road Plantation agent's acceptance: | ed agent: (P.O. Box or Mail Drop Bo , Florida, 33324 (Zip code) | ox NOT acceptable) | |
| (Purpose Name and str Name: ffice Address: O. Registered Laving been name | (s) of corporation authorized in homerect address of Florida register CT Corporation System 1200 South Pine Island Road Plantation agent's acceptance: med as registered agent and to acceptance as the acceptance of the appointment of the acceptance of the | t service of process for the above stated over this control of the | ox NOT acceptable) corporation at the place designative. I further agree to | romp, |
| (Purpose Name and str Name: Office Address: O. Registered Laving been name is application, in the provision. | (s) of corporation authorized in home rect address of Florida register CT Corporation System 1200 South Pine Island Road Plantation agent's acceptance: med as registered agent and to accept the appointment as ms of all statutes relative to the prop | ed agent: (P.O. Box or Mail Drop Bo | ox NOT acceptable) corporation at the place designative. I further agree to | romp |
| Name and strain Name: office Address: O. Registered laving been name is application, in the provision | (s) of corporation authorized in homerect address of Florida register CT Corporation System 1200 South Pine Island Road Plantation agent's acceptance: med as registered agent and to acceptance as the acceptance of the appointment of the acceptance of the | t service of process for the above stated over this control of the | ox NOT acceptable) corporation at the place desicapacity. I further agree to es, and I am familiar with a | nd acc |
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| (Purpose Name and str Name: Office Address: O. Registered Laving been name is application, in the provision. | (s) of corporation authorized in home rect address of Florida register CT Corporation System 1200 South Pine Island Road Plantation agent's acceptance: med as registered agent and to accept the appointment as may of all statutes relative to the proff my position as registered agent. CT Corporation System | t service of process for the above stated over this control of the | ox NOT acceptable) corporation at the place desicapacity. I further agree to es, and I am familiar with a | nd acc |

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

| A. DIRECTORS (Street address only - P.O. Box NOT acceptable) | | |
|--|--------------|-----------------|
| Chairman: | | |
| Address: | | |
| | 7 S 8 | |
| Vice Chairman: | 屋 当 四 | |
| Address: | 1 S ES | |
| | 开写 里口 | , |
| Director: C. Lamar Bridges | HOR S | |
| Address: 5091 Hwy 19, Ethel, IA 70730 | - Dru G | |
| | | |
| Director: Gloria J. Bridges | | ŕ |
| Address: 130 W. Oak Lane, Lake Charles, LA 70605 | _ | |
| | | |
| B. OFFICERS (Street address only - P.O. Box NOT acceptable) | | |
| President: C. Lamar Bridges | | |
| Address: 5091 Hwy 19, Ethel, LA 70730 | , | : = |
| | | |
| Vice President: | | نياد د |
| Address: | | . = |
| | | |
| Secretary: Gloria J. Bridges | | # , - <u></u> - |
| Address: 130 W. Oak Lane, Lake Charles, LA 70605 | | |
| | / | |
| Treasurer: Gloria J. Bridges | | |
| Address: 130 W. Oak Lane, Lake Charles, LA 70605 | | <u> </u> |
| | <u>.</u> | |
| NOTE: If necessary, you may attach an addengum to the application listing additional officers and/or director | rs. | |
| 13. Laman Suzze | | <u>.</u> . |
| (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. C. LAMAR BRIDGES, FRESIDENT/CEO |) | |
| 14. C. LAMAR BRIDGES, PRESIDENT/CEO (Typed or printed name and capacity of person signing application) | <u> </u> | |
| • | | |



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Contify that

the Articles of Incorporation of

THE AMERICAN CITADEL GUARD, INC.

Domiciled at LAKE CHARLES, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on June 30, 1986,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

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ABA 342123019 State

