# FOZOGOOG 4209 TRANSMITTAL LETTER

TO: Registration S Division of Co	ection orporations	<del></del>	
SUBJECT: <u>EA</u>	CLLE PROTE (Name of cor	CTION   NC poration - must include suf	
Dear Sir or Madam:			70007152027 -08/16/0201029003 ******78.75 ******78.
The enclosed "Applica "Certificate of Existent to transact business in	o and once are similing	on for Authorization to Tran ed to register the above refe	
Please return all corres	pondence concerning this	matter to the following:	
DAWN	JOHNSON	•	یصہ ،
		me of Person)	THE THE THE
	(Fir	m/Company)	70.6
3100 N	ORTH OCCAN	J BLVO · S	Suite 708. 2 4
FORT LA	City/S	(Address)  FL. 333  state and Zip code)	08
For further information	concerning this matter, ple	ease call:	
James KUR (Name of Person	n) at (6)	10) 948 · 14 rea Code & Daytime Telepl	none Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		MAILING ADDRES  Registration Section Division of Corporation P.O. Box 6327  Tallahassee, FL 3231	ons
Enclosed is a check for the	ne following amount:		
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status &

Certified Copy

To WHOM IT MAY CONCERN: Please OVERNIGHT ASAP - WE ARE UNDER A STATE DEADLINE 8 22 02. (CERTIFICATE OF STATUS) ENCLOSED - OVERNIGHT RE-PAID ENVELOPE. = DAWN JOHNSON

954-567-0013.

## 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. FAGLE PROJECTION INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. <u>Pennsylvania</u> 3. 23-2969350
(State of country under the law of which it is incorporated)  4. June 24, 1998  (Date of incorporation)  (Duration: Year corp. will cease to exist or "perpetual")
(Duration: Year corp. will cease to exist or "perpetual")  6. UPON GUALIFICATION
6. UPON GUALIFICATION (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 20 RIVERSIDE DRIVE SPRING Ciry Pa 19475 (Principal office address)
20 RIVERSIDE DRIVE SPAING CITY PA 19475
8. ALARM CONTRACTING  (Purpose(s) of corporation purposition distributions.)
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Dawn Johnson
Office Address: 3100 IVORTH OCEAN BLUD SUITE 708
(City) LAUDER DALE, Florida 33308 (Zip code)
0. 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. 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.
Law Toh
(Registered agent's signature)
I. Attached is a certificate of existence duty authenticated, not more than 90 days prior to delivery of this application to Department of State, by the Secretary of State or other official boying systems of state of the secretary of State or other official boying systems.

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.

# 12. Names and business addresses of officers and/or directors:

A. DIRECTORS					, <b>ન્</b>	02	Α,	
Chairman:		-			14/10	AUG	, 4	ر م
Address:					- 7/		6 Apr	~
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Vice Chairman:						<u> </u>		$2\nu_{\alpha}$
Address:			<u> </u>		- , ,		<u> </u>	ີປິ ≖ 3 <u>7</u>
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Director:					, 'E		· ·	
Address:			_					
Director:								
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B. OFFICERS	-				<u> </u>			٠٠,
President: James J Kuryla  Address: 1017 West Rains	י							
Address: 1017 West BRIDGE	CT				<u> </u>	<del></del> -	<del></del> ".	
SPRING CITY PA	19475							
rice President:				2.5	· <u> </u>		· ,, .	ï
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OTE: If necessary, you may attach an addendum to								يد
. Lames Kluryla								•
(Signature of Chairman, Vice Chairma		nsieu in nume	per 12 of t	ne applio	cation)			
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# COMMONWEALTH OF PENNSYLVANIA

### DEPARTMENT OF STATE

AUGUST 13, 2002

ON AMARIE SON PORTONS

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

### EAGLE PROTECTION INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

JSOW