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TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION DIMSION OF CORPORATIONS

SUBJECT: NORTH AMERICAN BELL SECURITY CORP.

200001464292 -04/25/95--01086--020

*****78.75 *****78.75

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

(Name of corporation - must include suffix)

HOWARD GOLDSON

(Name of Person)

NORTH AMERICAN BELL SECURITY CORP.

(Firm/Company)

1510 CENTRAL AVENUE

(Address)

ALBANY, NEW YORK 12205

(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

HOWARD GOLDSON at (518) 452 - 1500.

(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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:

| • | NORTH AMERICAN | BELL SECUR | ITY CORP. | | | | |
|---|---|--|----------------------------------|-------------------|---|------------------|--------------------|
| "(| Name of corporation: must i abbreviations of like import in | nclude the word." | NCORPORATI | D', COMPAN | Y', CORPO | RATION" or wor | ds of |
| | abbreviations of like import in or partnership if not so conta | i language as Will (ined in the name : | clearly indicate at present.) | that it is a con | poration inst | wad of a natural | person |
| | | | | | | | |
| 2. | DELAWARE | | 3 | 14-178 | 0900 | | |
| - (: | State or country under the la | w of which it is inc | orporated) | (FEI numb | er, if applica | ble) | |
| 4. | 4/5/95 | 5, | . <u></u> | PERPET | UAL | | |
| | (Date of Incorporation) | , | (Duration | : Year corp. w | ill cease to e | xist or "perpetu | el 7 |
| 6. | MAY 8, 1995 | | | | | | |
| 1 | Date first transacted busines | | ictione 607.1501, (| 807.1502, and 817 | 7.155, F.S.) | | |
| 7. | 1510 CENTRAL AV | ENUE | | | | | |
| | ALBANY, NEW YOR | RK 12205 | | | | | |
| • | (| Current mailing ad | idress) | | | | |
| R | ALL PURPOSES AI | LOWED TO A | BUSINESS | CORPORAT | ION | | |
| U. | (Purpose(s) of corporation | authorized in hon | ne state or cou | ntry to be carri | ed out in the | state of Florida | <u> </u> |
| _ | | | | | | 20 10 20 | Sign |
| 9. | Name and street add | iress of Florid | a registered | d agent: | | <u>∑</u> | |
| | Name: ROCHELLE ROSENBERG | | | | | 2 | |
| | Office Address: _ | - | | | | <i>i</i> ò | ्न ा .वज |
| | Office Address: _ | - JOI CRAWLE | | - 3011E 2 | | ~~ | |
| | _ | BOCA RATON | 1 | | Florida . | 33432 | űi |
| | - | | | | , | (Zip Code) | |
| 10. | Dogietored execute | | | | | | |
| _ | | • | | | | | |
| 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 t | he proper and a | complete pe | rformance d | of my dutie | es, and I am | familiar |
| Wil | th and accept the obliga | itions of my po | sition as reg | istered agen | et. | | |
| | $\int_{0}^{\infty} \int_{0}^{\infty} \int_{0$ | 100-11- | 0 B | | | | |
| | / <u>RUO</u> | www.ko | <u> </u> | 4 | | | |
| | | (Registered ag | ent's signature | " \ | | | |
| 11. | Attached is a certific | ate of existenc | e duly autho | enticated, no | ot more th | an 90 dave | nrior to |
| aei | ivery of this application to ving custody of corporate | to the Departme | ent of State. | by the Secr | retery of S | tate or other | official |
| | = • • • • • | | | | | | ~.~. |

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

A. DIRECTORS

Chairman: HOWARD GOLDSON P.O. BOX 123 Address: NEW BALTIMORE, NY 12124 Vice Chairman: ROCHELLE ROSENBERG 2851 S. OCEAN BOULEVARD Address: _ BOCA RATON, FL 33432 MARK RECENE Director: __ 229 MONMOUTH WAY Address: _ CLIFTON PARK, NY 12065 PHILLIP RUSSO Director: _ 35 MECHANIC STREET Address: BALLSTON SPA, NY 12020

B. OFFICERS

President: HOWARD GOLDSON P.O. BOX 123 Address: __ NEW BALTIMORE, NY 12124 Vice President: ROCHELLE ROSENBERG 2851 S. OCEAN BOULEVARD Address: _ BOCA RATON, FL 33432 ROCHELLE ROSENBERG Secretary: 2851 S. OCEAN BOULEVARD Address: BOCA RATON, FL 33432 HOWARD GOLDSON Treasurer: _ P.O. BOX 123 Address:

DIVISION OF COT PRINTED TO STORE OF COT PRINTED IN CO. 1

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

12124

NEW BALTIMORE, NY

13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. HOWARD GOLDSON, PRESIDENT/TREASURER

(Typed or printed name and capacity of person signing application)

ADDENDUM:

ADDITIONAL OFFICERS:

ASSISTANT SECRETARY: __MARK RECENE

ADDRESS : 229 MONMOUTH WAY

CLIFTON PARK, NY 12065

SECRETARY OF STATE OF VISION OF CORPORATIONS
95 APR 24 AM 9: 12

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NORTH AMERICAN BELL SECURITY CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF APRIL, A.D. 1995.

DIVISION OF CHESCANIES



Edward J. Freel, Secretary of State

AUTHENTICATION:

7466091

DATE

04-07-95

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