F98000002423

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: SecureOne, Inc.
(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", 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:

Connie McKay
(Name of Person)

800002449208--6
-03/06/98--01051--001
*****78.75 *****78.75

SecureOne, Inc.
(Firm/Company)

5010 Linbar Dr. Ste. 155
(Address)

Nashville, TN 37211
(City/State/Zip)

WPS-5084

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

same as at (615) 832-9444
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 APR 28 PM 4:05

hk 4/28

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 6, 1998

CONNIE MCKAY
SECURE ONE INCORPORATED
5010 LINBAR DR, SUITE 155
NASHVILLE, TN 37211

SUBJECT: SECURE ONE INCORPORATED
Ref. Number: W98000005084

We have received your document for SECURE ONE INCORPORATED and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the street addresses of the officers in section 12 and have one of them sign section 13.

I am returning the annual report acknowledgement as this office requires that a foreign corporation submit an original "certificate of existence" issued by the Tennessee Secretary of State dated within the last 90 days. Please contact the Tennessee Secretary of State at (615) 741-6488 to request such certificate.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6092.

Hart Collins
Senior Corporate Section Administrator Letter Number: 198A00012473

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Bruce Prow (Name), do hereby certify

that this Resolution of the Board of Directors of Secure One, Inc.

(Corporate Name)

a corporation duly organized and existing under the laws of the State of Tennessee,

was duly adopted on October 2, 19 95.

Be it resolved, that Secure One Inc. (Corporate Name),

organized and existing in the State of Tennessee, hereby adopts the name

Tailor Made Security Services, Inc. for use in Florida.

Dated: 4/27/98

Signature of either Chairman, Vice Chairman or any officer

Bruce Prow, CEO

Type or print name

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DIVISION OF CORPORATIONS
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INHS19(4/96)

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. SecureOne, Incorporated
(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. Tennessee (State or country under the law of which it is incorporated)

3. 62-1616744 (FEI number, if applicable)

4. October 1995 (Date of incorporation)

5. perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. none as of yet
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 5010 Linbar Dr. Ste 155
Nashville TN 37211
(Current mailing address)

8. Installation of security systems
(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: Michael Oliver

Office Address: 13377 Southern Precast Dr.
Alachua, Florida, 32615
(Zip code)

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DIVISION OF CORPORATIONS

10. **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)

11. 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.

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: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Michael Sanford

Address: 9416 Gentlewind Dr.
Brentwood, TN 37027

Vice President: Bruce Prow

Address: 9048 Smithson Lane
Brentwood, TN 37027

Secretary: _____

Address: _____

_____

Treasurer: _____

Address: _____

_____

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

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

14. Bruce Prow, CEO
(Typed or printed name and capacity of person signing application)

Secretary of State
Corporations Section
James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306

ISSUANCE DATE: 04/14/1998
REQUEST NUMBER: 3498-1323
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 10/02/1995
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0301081
JURISDICTION: TENNESSEE

TO:
SECUREONE INC.
AT: C. MCKAY
5010 LINBAR DR
NASHVILLE, TN 37211

REQUESTED BY:
SECUREONE INC.
AT: C. MCKAY
5010 LINBAR DR
NASHVILLE, TN 37211

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"SECURE ONE INCORPORATED"

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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FOR: REQUEST FOR CERTIFICATE

ON DATE: 04/14/98

	FEES	
RECEIVED:	$10.00	$10.00
TOTAL PAYMENT RECEIVED:		$20.00

RECEIPT NUMBER: 00002290647
ACCOUNT NUMBER: 00252964

FROM:
SECUREONE, INC.
SUITE 304
1135 BELL RD
ANTIOCH, TN 37013-0000

Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE

SS-4458