

F000000002715

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Integrated Security Resources, 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:

Stephen W. McVearry, Esq.

(Name of Person)

Mintz Levin Cohn Ferris Glovsky and Popeo, PC

(Firm/Company)

11911 Freedom Drive, Suite 400

(Address)

Reston, VA 20190

(City/State/Zip)

800003246648--6

-05/10/00--01064--005

\*\*\*\*\*87.50 \*\*\*\*\*87.50

MJH

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

Stephen W. McVearry

(Name of Person)

at ( 703 ) 464-4805

(Area Code & Daytime Telephone Number)

STREET 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

00 MAY 10 PM 3:48  
RECEIVED  
DIVISION OF CORPORATIONS

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

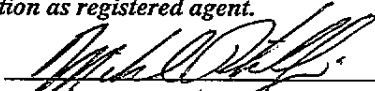
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*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. Integrated Security Resources, 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. State of Delaware  
(State or country under the law of which it is incorporated)
3. 54-1815841  
(FEI number, if applicable)
4. 08/15/1996  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 14120 Parke Long Court, Suite 206  
Chantilly, Virginia 20151  
(Current mailing address)
8. Installation and maintenance of integrated access control 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 Phillips  
  
Office Address: 308 N. Highland Avenue  
Clearwater, Florida, 33755  
(Zip code)

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)

1 MAY 10 PM 3:48  
STATE DEPT OF FLORIDA  
DIVISION OF CORPORATIONS

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: \_\_\_\_\_

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

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

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

Director: Joseph P. Costa, Director

Address: 14120 Parke Long Court, Suite 206

Chantilly, Virginia 20151

Director: Barry A. Banks, Director

Address: 14120 Parke Long Court, Suite 206

Chantilly, Virginia 20151

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

President: Barry A. Banks

Address: 14120 Parke Long Court, Suite 206

Chantilly, Virginia 20151

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

Secretary: Joseph P. Costa

Address: 14120 Parke Long Court, Suite 206

Chantilly, Virginia 20151

Treasurer: Barry A. Banks

Address: 14120 Parke Long Court, Suite 206

Chantilly, Virginia 20151

**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. Joseph Costa CEO/PRESIDENT

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

*State of Delaware*  
*Office of the Secretary of State*

---

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTEGRATED SECURITY RESOURCES, INC." 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 EIGHTEENTH DAY OF APRIL, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTEGRATED SECURITY RESOURCES, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF AUGUST, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

2653867 8300

001198142

AUTHENTICATION: 0388697

DATE: 04-18-00