F0000000 4743

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: McCoy Security, Inc.	
(Name of corporation - must include	suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to "Certificate of Existence", and check are submitted to register the above to transact business in Florida.	Transact Business in Florida", e referenced foreign corporation
Please return all correspondence concerning this matter to the following	08/03/0001053009
Gil N. McCoy, President	*****78.75 *****78.75
(Name of Person)	<u>- 東西東海道。 - 八文子、</u> (李子)
McCoy Security, Inc.	
(Firm/Company)	ASSESSMENT OF LINE AND ADDRESS OF THE ADDRESS OF TH
404 South Wells, 4th floor	·
(Address)	
Chicago, IL 60607	SECONO
(City/State/Zip)	FIL DO AUG 22 SECRETAR ALLASSESS
· ·	FIL 22 1AR SS
Should you need to call someone concerning this matter, please call:	FILED 22 AM II: 1 ARY OF STAT SSICE FLOR
Gil N. McCoy at (312) 322-490	
(Name of Person) (Area Code & Daytime	
All many of many or a second of the second o	
Name of STREET ADDRESS: Availability CC MAILING ADDRESS:	DRESS:
Qualification/Tax Lien Section Documen Division of Corporations Examiner 409 E. Gaines St. Tallahassee Fl. 32300 Qualification/Tax Division of Corp P.O. Box 6327	porations _
Updater Tallahassee, FL 32399 Tallahassee, FL	32314
Updater Enclosed is a check for the following amount: Verifyer DCC	32314 Och his hans
Actino ledgement DCC S78.75 Filing Fee & \$78.75 Filing Fe	e & 🗖 \$87.50 Filing Fee,

Certified Copy

DUC

W. P. Verliyer



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 9, 2000

GIL N. MCCOY MCCOY SECURITY, INC. 404 SOUTH WELLS, 4TH FLOOR CHICAGO, IL 60607

SUBJECT: MCCOY SECURITY INCORPORATED

Ref. Number: W00000019648

We have received your document for MCCOY SECURITY 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):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6913.

Diane Cushing Corporate Specialist

Letter Number: 700A00042943

which it is incorporated.

9544580801

page 2 p.2

Sent byiMC COV SECURITY INC Jun-21-88 12:1628

from 3123228078+9544580801

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.

	(Name of corpo	pration; must include the word " viations of like import in langua or partnership if not so containe	INCORPORA ge as will clea	arly indic	COMPANY", "CORPORATION" or set that it is a corporation instead of a it.)		
	2. Illino: (State or countr	i.s y under the law of which it is in	corporated)	. 3	36-3429748 (FEI number, if applicable)		
	4. 03-10-			Perpe	tual		
	Upon 6.	de of incorporation) Qualification"	<u>. </u>		Year corp. will coase to exist or "pexpetual")	<u> </u>	
1	•				7.1501, 607.1502 and 817.155, F.S)		
7	7404 5	South Wells, 4t	h flooi	rCl	nicago, Il 60607	SEO O3S	00 /
			nt mailing ad			PHASE LANGE	AUG 22
					y Guard Services to be carried out in state of Florida)	<u>~</u>	
	, .	,,,		-	Box or Mail Drop Box NOT acceptable)	FLORID	MII: 13
		410 East Halland	ale Beac	ch Bly	d Suite A	Þ	
		Hallandale			, Florida, 33009 (Zip code)		
		· ·			(Zip code)		
	10. Registered	agent's acceptance:					
	this application, with the provision the obligations of	I hereby accept the appointment as of all statutes relative to the firm position as registered agent (Res	t as registered proper and co i. USA professed agent	d agent a complete p		e to comply th and acc	Ý
	11. Attached is a	certificate of existence duly aut	henticated, no	ot more ti	an 90 days prior to delivery of this application t	o the	_

Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of

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:	<u> </u>	<u> </u>	<u> 4 4 - 1 </u>	·
Address:				
The state of the s	<u></u>			<u>_</u> #7#
Vice Chairman:				
Address:				
Director; Gil N. McCoy				
Address: 404 South Wells, 4th floor				→
Chicago, IL 60607				
Director:				
Address:				
R OFFICEDS (Street address at L. D.O. D. NOT.	F.O.		<u>- * </u>	-3
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	59	ouv or	<u> </u>	
President: Gil N. McCoy		୍ଷ ଅଧିକ	<u> 1</u>	
Address: 404 South Wells, 4th floor	#X		E	
Chicago, IL 60607	ALS.			-
Vice President: N/A	====	ω		_ a"enah s
Address:				
				: I
Secretary: Gil N. McCoy				. :- ''
Address: 404 South Wells, 4th floor		<u> </u>	<u>, r</u>	
Chicago, IL 60607	-	<u> </u>	<u></u>	ł
THE PERSON NAMED OF THE PE	<u>. – – </u>		<u> </u>	
Creasurer:		<u> </u>	·*	
Address:	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		<u></u>	a: The
A second			<u> </u>	د سم کے۔
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors				
3. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)			<u>.:-</u>	*
4				
4. Gil N. McCoy, President (Typed or printed name and capacity of person signing application)	· · · · · · · · · · · · · · · · · · ·		<u> </u>	- 1" _



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do

hereby certify that MCCOY SECURITY, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE MARCH 10, 1986, APPEARS. TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL SEPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS***



In Testimony Whereof, I, hereto set

Desse White

SECRETARY OF STATE