

ACCOUNT NO.

072100000032

REFERENCE :

969319

AUTHORIZATION

COST LIMIT

ORDER DATE: January 18, 2001

ORDER TIME :

1:39 PM

ORDER NO. : 969319-005

CUSTOMER NO:

7237250

100003568321--7

CUSTOMER: Ms. Carol Monroe

Allstate Security Inc.

P. O. Box 37

Montgomery, NY 12549

FOREIGN FILINGS

ALLSTATE SECURITY, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

** 2 ** CERTIFIED COPY

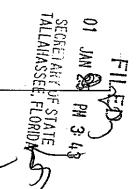
PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON:

ET :E NO EZ NYC EXAMINER:

FILED



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

	E WITH SECTION 607.1503, FLORIDA STA PREIGN CORPORATION TO TRANSACT BU		
(Name of corpo words or abbrev	ration; must include the word "INCORPOLATED rations of like import in language as will clearly in partnership if not so contained in the name at pr	ndicate that it is a corporation inst	ion" and of a solution of a so
	or . under the law of which it is incorporated)	(FEI number, if app	•
4. 0.51 (Dat	5. (Duration)	PERPETUAL on: Year corp. will cease to exist	or "perpetual")
6. <u>upon qu</u>	alification transacted business in Florida.) (SEE SECTIONS	8 607.1501, 607.1502 and 817.15	5, F.S.)
7. 100) P.C	D. By 37.	physical 22	80 Rts 208
W	outgoines. Ny 13849 O(Current mailing address	$\frac{1}{1}$ $\frac{1}{1}$	Agoner, ny 12519
8	s) of corporation authorized in home state or coun	ity to be carried out in state of Flo	orida)
9. Name and str	eet address of Florida registered agent: (F	.O. Box or Mail Drop Box <u>NC</u>	OT acceptable)
Name:	Corporation Service Company		AND PIC
Office Address:	1201 Hays Street		SEE B
	Tallahassee, FL 32301	, Florida, (Zip code)	TORROW TO
10. Registered a	agent's acceptance:	(Zip code)	4,50
this application, I with the provision:	ed as registered agent and to accept service of pro hereby accept the appointment as registered agen s of all statutes relative to the proper and comple my position as registered agent.	it and agree to act in this capacit	y. I further agree to comply
Pamela	Simpson (Registered agent's sign		sentative

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

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

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Chairman:	
Address:	
	- 聖皇
Vice Chairman:	SE STO
Address:	THE B
	5
Director:	y
Address:	
	150
Director:	量量型
Address:	- SSE 23 FR
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	The Poly
The Alpha To	OD SE
	3m 5
Address: 2280 Rte 208	
MONTGOMENY NY 12548	
Vice President: MATTHEW VENTURA	
Address: 2280 R to 208	
monthomeny Ny 12549	
Secretary:	
Address:	
Treasurer:	
Address:	
Addless.	
NOME	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/o	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the ap	oplication)
14. John J. BYRNES, JR., PRESCOENT (Typed or printed name and capacity of person signing application)	n)

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of ALLSTATE SECURITY, INC. was filed on 02/03/1992, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

The Biennial Statement is past due.

Witness my hand and the official seal of the Department of State at the City of Albany, this 17th day of January tayo thousand and one.

* Special Deputy Secretary of State ORD A

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