

**TO:** Registration Section Division of Corporations

Divisio	on of Corporations				
SUBJECT:	Alford Systems (U.S.) Inc.				
(Name of corporation - must include suffix)					
Dear Sir or Ma	dam:				
"Certificate of to transact busi	Application by Foreign Corporation for Authorization to Transact Business in Florida", Existence", and check are submitted to register the above referenced foreign corporation mess in Florida.				
Please return a	SDOO4339678——9   Correspondence concerning this matter to the following:				
Caryn Poul	******78.75 ******78.75				
	(Name of Person)				
Alford Syste	ems (U.S.) Inc.				
	(Firm/Company)				
2539 Gary (	· · · · · · · · · · · · · · · · · · ·				
	(Address)				
Dunedin, FL	. 34698				
	(City/State and Zip code)				
For further info	ermation concerning this matter, please call:				
Caryn Poul	at (				
(Name	of Person) (Area Code & Daytime Telephone Number)				
STREET ADE Registration Se Division of Cor 409 E. Gaines S Tallahassee, FL	Registration Section  Porations  Division of Corporations  F.O. Box 6327				
	neck for the following amount:				
□ \$70.00 Filin	g Fee <b>3</b> \$78.75 Filing Fee & <b>3</b> \$78.75 Filing Fee & <b>3</b> \$87.50 Filing Fee, Certificate of Status Certified Copy 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.

(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.)  Georgia, USA  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  100 Colony Square, Suite 1800, 1175 Peachtree St, N.E., Atlanta, GA 30361  (Principal office address)  2539 Gary Circle, #602, Dunedin, FL 34698  (Current mailing address)  Design, sale and installation of security access control and asset tracking systems  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name: Caryn Poulton  Name: Caryn Poulton  Registered agent's acceptance:  ying been named as registered agent and to accept service of process for the above stated corporation at the place inspanded in his application, I hereby accept the appointment as registered agent and complete performance of my tites, and I am familiar with and accept the obligations of my position as registered agent.  Amalum 1 am familiar with and accept the obligations of my position as registered agent.	Alford Sys	stems (U.S.) Inc.			
(State or country under the law of which it is incorporated)  (FEI number, if applicable)  5/28/1999  (Date of incorporation)  (Duration: Year corp. will cease to exist or "perpetual")  Upon qualification  (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  100 Colony Square, Suite 1800, 1175 Peachtree St, N.E., Atlanta, GA 30361  (Principal office address)  2539 Gary Circle, #602, Dunedin, FL 34698  (Current mailing address)  Design, sale and installation of security access control and asset tracking systems  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: Caryn Poulton  fice Address: 2539 Gary Circle, #602  Dunedin  (City)  Registered agent's acceptance: ving been named as registered agent and to accept service of process for the above stated corporation at the place in this application, I hereby accept the appointment as registered agent and complete performance of any with the provisions of all statutes relative to the proper and complete performance of any with the provisions of all statutes relative to the proper and complete performance of any process.	words or abbre	eviations of like import in language as wil	ll clearl	y indicate that it is a corporation inst	TON" or tead of a
(State or country under the law of which it is incorporated)  (FEI number, if applicable)  5/28/1999  (Date of incorporation)  (Duration: Year corp. will cease to exist or "perpetual")  Upon qualification  (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  100 Colony Square, Suite 1800, 1175 Peachtree St, N.E., Atlanta, GA 30361  (Principal office address)  2539 Gary Circle, #602, Dunedin, FL 34698  (Current mailing address)  Design, sale and installation of security access control and asset tracking systems  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: Caryn Poulton  fice Address: 2539 Gary Circle, #602  Dunedin  (City)  Registered agent's acceptance: ving been named as registered agent and to accept service of process for the above stated corporation at the place in this application, I hereby accept the appointment as registered agent and complete performance of my the proves and complete performance of my the proves of all statutes relative to the proper and complete performance of my the provisions of all statutes relative to the proper and complete performance of my the provisions of all statutes relative to the proper and complete performance of my the provisions of all statutes relative to the proper and complete performance of my the provisions of all statutes relative to the proper and complete performance of my the provisions of all statutes relative to the proper and complete performance of my the provisions of all statutes relative to the proper and complete performance of my the provision of all statutes relative to the proper and complete performance of my the provision of all statutes relative to the proper and complete performance of my the prover and the proper and complete performance of my the proper and	Georgia, l	JSA	. 3	58-2469489	
(Date of incorporation)  (Duration: Year corp. will cease to exist or "perpetual")  Upon qualification  (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  100 Colony Square, Suite 1800, 1175 Peachtree St, N.E., Atlanta, GA 30361  (Principal office address)  2539 Gary Circle, #602, Dunedin, FL 34698  (Current mailing address)  Design, sale and installation of security access control and asset tracking systems  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name:  Caryn Poulton  2539 Gary Circle, #602  Dunedin  (City)  Registered agent's acceptance:  ving been named as registered agent and to accept service of process for the above stated corporation at the place of signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my.	(State or coun	try under the law of which it is incorporate		the same of the sa	oplicable)
(Date of incorporation)  (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  100 Colony Square, Suite 1800, 1175 Peachtree St, N.E., Atlanta, GA 30361  (Principal office address)  2539 Gary Circle, #602, Dunedin, FL 34698  (Current mailing address)  Design, sale and installation of security access control and asset tracking systems  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name:  Caryn Poulton  Security access control and asset tracking systems  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name:  Caryn Poulton  Security access control and asset tracking systems  (Purpose(s) of corporation authorized agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name:  Caryn Poulton  Security acceptation at the place of process for the above stated corporation at the place of the security acceptance agent and agree to act in this capacity, there agree to comply with the provisions of all statutes relative to the proper and complete performance of my, there agree to comply with the provisions of all statutes relative to the proper and complete performance of my.	5/28/1999		5	Perpetual	
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  100 Colony Square, Suite 1800, 1175 Peachtree St, N.E., Atlanta, GA 30361  (Principal office address)  2539 Gary Circle, #602, Dunedin, FL 34698  (Current mailing address)  Design, sale and installation of security access control and asset tracking systems  (Purpose(s) of corporation authorized in home state or country to be catried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: Caryn Poulton  fice Address:  2539 Gary Circle, #602  Dunedin  (City)  Registered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated corporation at the place in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, there agree to comply with the provisions of all statutes relative to the proper and complete performance of my	(Da	ate of incorporation)			to exist or "perpetual")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  100 Colony Square, Suite 1800, 1175 Peachtree St, N.E., Atlanta, GA 30361  (Principal office address)  2539 Gary Circle, #602, Dunedin, FL 34698  (Current mailing address)  Design, sale and installation of security access control and asset tracking systems  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: Caryn Poulton  Since Address:  2539 Gary Circle, #602  Dunedin  (City)  Registered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated corporation at the place in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, there agree to comply with the provisions of all statutes relative to the proper and complete performance of my, there agree to comply with the provisions of all statutes relative to the proper and complete performance of my.	Upon qua	lification			- ^ /
(Principal office address)  2539 Gary Circle, #602, Dunedin, FL 34698  (Current mailing address)  Design, sale and installation of security access control and asset tracking systems  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: Caryn Poulton  Street Address:  Dunedin  (City)  Registered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated corporation at the place in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, there agree to comply with the provisions of all statutes relative to the proper and complete performance of my the proper agree to complete performance of my the proper agree to the proper and complete performance of my the proper agree to complete performance of my the		(SEE SECTIONS 60	)7.150)	, 607.1502 and 817.155, F.S.)	
Current mailing address)  Design, sale and installation of security access control and asset tracking systems  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: Caryn Poulton  Eice Address: 2539 Gary Circle, #602  Dunedin  (City)  Registered agent's acceptance: siving been named as registered agent and to accept service of process for the above stated corporation at the place signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, there agree to comply with the provisions of all statutes relative to the proper and complete performance of my the statutes relative to the proper and complete performance of my the statutes relative to the proper and complete performance of my the statutes relative to the proper and complete performance of my the statutes relative to the proper and complete performance of my the statutes relative to the proper and complete performance of my the statutes relative to the proper and complete performance of my the statutes relative to the proper and complete performance of my the statutes relative to the proper and complete performance of my the statutes relative to the proper and complete performance of my the statutes relative to the proper and complete performance of my the proper and complete				<u> </u>	30301
Current mailing address)  Design, sale and installation of security access control and asset tracking systems  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: Caryn Poulton  Caryn Poulton  (City)  Dunedin  (City)  Registered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated corporation at the place of the state of process for the proper and complete performance of my there agree to comply with the provisions of all statutes relative to the proper and complete performance of my t	2539 Gary			,	
Design, sale and installation of security access control and asset tracking systems  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: Caryn Poulton  Caryn Poulton  (City)  Dunedin  Florida  (City)  Registered agent's acceptance:  ving been named as registered agent and to accept service of process for the above stated corporation at the place of the supplication, I hereby accept the appointment as registered agent and agree to act in this capacity, there agree to comply with the provisions of all statutes relative to the proper and complete performance of my				ress)	
Dunedin  (City)  Registered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated corporation at the place in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my	Name and st	reet address of Florida registered a Caryn Poulton			OT acceptable I
Registered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated corporation at the place signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, there agree to comply with the provisions of all statutes relative to the proper and complete performance of my		Dunedin		34698	
Registered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated corporation at the placing at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my		(City)		, 1 1011ua	종취 <b>8</b>
	aving been na esignated in thi orther agree to	med as registered agent and to accep is application, I hereby accept the ap comply with the provisions of all sta	pointr tutes r	ce of process for the above state nent as registered agent and agr elative to the proper and compl	ree to act in this capacity ete nerformance of my
(Registered agent's signature)	_	(Receistered acc	ent's si	onature)	- · ·

<sup>11.</sup> 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 business addresses of officers and/or directors:

A. DIKE	CIORS
Chairman:	Alan Poulton
Address:	2539 Gary Circle, #602
·	Dunedin, FL 34698
-	
	Comman:
Address:	Caryn Poulton
-	2539 Gary Circle, #602, Dunedin, FL 34698
Director:	
_	
Director:	
	SICRE TO JUN TO
Address: _	
-	
B. OFFI	CERS EFF 3 U
President:	Alan Poulton 8 8
Address:	2539 Gary Circle, #602
-	Dunedin, FL 34698
- ice Presio	ient: Caryn Poulton
	2520 Com, Cirola, #602
_	Dunedin, FL 34698
- lecretary:	Caryn Poulton
Address:	2539 Gary Circle, #602, Dunedin, FL 34698
_	Alan Poulton
reasurer:	2539 Gary Circle, #602, Dunedin, FL 34698
Address: _	2000 Cary Choto, #602, Datteam, 1 2 04036
NOTE: I	f necessary, you may attach an addendum to the application listing additional officers and/or directors.
3	/produlle
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
4	Caryn Poulton, Vice-President
	(Typed or printed name and capacity of person signing application)

## **Secretary of State**

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : K922328
DATE INC/AUTH/FILED: 05/28/1999
JURISDICTION : GEORGIA
PRINT DATE : 05/31/2001
FORM NUMBER : 211

ALFORD SYSTEMS (U.S.) INC.

CARYN POULTON
2539 GARY CIRCLE, #602
DUNEDIN, FL 34698

TILED

TUN-4 PM 3: 00

TELEFANTSEE FLORIDA

## CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

ALFORD SYSTEMS (U.S.) INC. ACCEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgiason the labove date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20010531203308482



Authy Cop

Cathy Cox Secretary of State