



F020000000769

ACCOUNT NO. : 072100000032

REFERENCE : 530056 4322524

AUTHORIZATION :

COST LIMIT : \$ 70

Patricia Pigeto

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 FEB 12 PM 4:23

FILED

ORDER DATE : February 11, 2002

ORDER TIME : 2:53 PM

ORDER NO. : 530056-005

CUSTOMER NO: 4322524

CUSTOMER: Ms. Esther Hellwig
Katz Barron Squitero & Faust
7th Floor
2699 South Bayshore Drive
Miami, FL 33133

BK

DEPARTMENT OF STATE
DIVISION OF CORPORATE REGISTRATION
TALLAHASSEE, FLORIDA

02 FEB 12 PM 3:23

RECEIVED

FOREIGN FILINGS

NAME: CORPORATE SECURITY
PROFESSIONALS, INC.

700004912617--3

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alethea Culverson -- EXT# 1146

EXAMINER: _____

**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. CORPORATE SECURITY PROFESSIONALS, 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. NEW JERSEY

(State or country under the law of which it is incorporated)

3. 22-3847432

(FEI number, if applicable)

4. 11/19/2001

(Date of incorporation)

5. Perpetual

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

6. 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.)

7. 29 North Bridge Street, Sommerville, New Jersey 08876

(Principal office address)

29 North Bridge Street, Sommerville, New Jersey 08876

(Current mailing address)

8. to engage in any activity within the purposes for which corporations may be organized.

(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: CORPCO, Inc.

Office Address: 2699 South Bayshore Dr., 7th Floor

Miami, Florida 33133

(City)

(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.

CORPCO, Inc.


(Registered agent's signature)

Vice Pres.

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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Steve Killian

Address: 4 Cherokee Path, Branchburg, NJ 08876

Director: Dwayne Wilberton

Address: 31 Ridge Court, Cedar Grove, NJ 07009

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B. OFFICERS

President: Steven Killian

Address: 4 Cherokee Path
Branchburg NJ 08876

Vice President: Dwayne Wilberton

Address: 31 Ridge Ct
Cedar Grove NJ 07009

Secretary: Steven Killian

Address: 4 Cherokee Path Branchburg NJ 08876

Treasurer: Dwayne Wilberton

Address: 31 Ridge Ct Cedar Grove NJ 07009

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

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

14. Steven Killian, President
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

CORPORATE SECURITY PROFESSIONALS, INC.

*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
New Jersey Domestic Profit Corporation was
registered by this office on November 19, 2001.*

*As of the date of this certificate, said business
continues as an active business in good standing
in the State of New Jersey, and its Annual Reports
are current.*

*I further certify that the registered agent and
registered office are:*

*James Spencer
One Mountain Blvd
Warren, NJ 07059*

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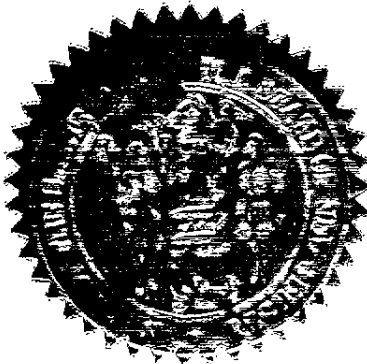
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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

CORPORATE SECURITY PROFESSIONALS, INC.

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TALLAHASSEE, FLORIDA

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
10th day of January, 2002



A handwritten signature in cursive script, reading "Peter R. Lawrance".

Peter R Lawrance
Acting State Treasurer