F-02 COCGO COCCO COCGO COCCO COCGO COCCO C

TO: Registration Section Division of Corporations			
SUBJECT: SPECIAL OPS, INC			
(Name of corporation - must include suffix)			
Dear Sir or Madam: 900047883090 -01/11/0201021013 *****87.50 *****87.50			
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 SIMONS (Name of Person)			
(Name of Person)			
SPECIAL OPS INC			
(Firm/Company)			
6336 SUN HIGH PLACE (Address) COLUMBIA, MARYLAND ZIOUS			
(Address)			
COLUMBIA, MARYLAND 21045			
(City/State and Zip code)			
For further information concerning this matter, please call:			
STEPHEN SIMONS at (410) 995 6724 (Name of Person) (Area Code & Daytime Telephone Number) 8			
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for the following amount: $2/26$			
S70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy S87.50 Filing Fee, Certified Copy Certified Copy			



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 15, 2002

STEPHEN SIMONS 6336 SUN HIGH PLACE COLUMBIA, MD 21045

SUBJECT: SPECIAL OPS, INC. Ref. Number: W02000001142

We have received your document for SPECIAL OPS, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificateof existence from the same office that provided you with the certified copy.

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) 245-6097.

Michael Mays Document Specialist

Letter Number: 902A00001980

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATU REGISTER A FOREIGN CORPORATION TO TRANSACT BUSI	
1. SPECIAL OPS. INC	
(Name of corporation; must include the word "INCORPORATED", words or abbreviations of like import in language as will clearly indinatural person or partnership if not so contained in the name at prese	cate that it is a corporation instead of a
2. MARYLAND 3. (State or country under the law of which it is incorporated)	52-2343345
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. <u>09 - 27 - 01</u> 5. (Dute of incorporation)	PERPETUAL
(Date of incorporation) (Du	ration: Year corp. will cease to exist or "perpetual")
6. 01-07-02	
(Date first transacted business in Florida. If corporation has not trans (SEE SECTIONS 607.1501, 607	acted business in Florida, insert "upon qualification.")
7. 6336 SUN HIBH PLACE	COLUMBIA MD 31045
(Principal office address)	
6336 SUN HIBH PLACE	COWM314 MD 21045
(Current mailing address)	
8. GOVERNMENT CONTRACTOR	7.0
(Purpose(s) of corporation authorized in home state or country	to be carried out in state of Floridal
9. Name and street address of Florida registered agent: (P.O. RENEL T. GILEAU	
Name: <u>CORPAMERICA, INC</u>	
Office Address: 416 S. E 15 STREET	
FORT LAUDER DACE	Florida 333/6 5 5
FORT LAUDER DACE (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 further agree to comply with the provisions of all statutes relati	as registered agent and agree to act in this capacity. I
duties, and I am familiar with and accept the obligations of my	ve to the proper and complete performance of my position as registered agent.
(Registered agent's) signatu	re)
11. Attached is a certificate of existence duly authenticated, not the Department of State, by the Secretary of State or other official	more than 90 days prior to delivery of this application to
or orant, of the bootomy of butto of onice officia	remaine organization or corborate records in me linismicion

under the law of which it is incorporated.

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

A. DIRECTORS		
Chairman:	STEPHEN SIMONS	14,000
Address:	6336 SUN HIGH PLACE	
	COLUMBIA, MD 21045	
Vice Chairman:	PAUL GARNER	
	8109 SAGAMORE WAY	
	PASADENA, MO ZILZZ	
Director:		
Address:		
Director:		
Address:		
B. OFFICERS		
President:	PAUL GARNER	
Address:	8109 SAGAMORE WAY	2.1
	PASADENA MO 21122	7 F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Vice President:	STEPHEN SIMONS	
Address:	6336 SUN HIGH PLACE	
	COLUMBIA, MD 21045	DA 59
Secretary:		
Address:		
Treasurer:	STEPITEN SIMONS	<u> </u>
Address:	6336 SUN HIGH PL COLUMBIA	MD 21045
NOTE: If necessar	y frou may attach an addendum to the application listing additional office	ers and/or directors.
13.	alpha Xunno	
	manure of Chairman, Vice Chairman, or any officer listed in number 12 of	f the application)
14	(Typed or printed name and capacity of person signing application)	

STATE OF MARYLAND

Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT SPECIAL OPS, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER. AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 22, 2002.

Paul B. Anderson Charter Division

Faul B. Undown



FILLED

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SECRETARY OF STATE

301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

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