# DOMOOSAID THE

	TRA	SMITI	TAL LETTER	<b>*</b>	ALLAHAS COPP	P4 4: 3
	stration Section ion of Corporations				ALION OF 24 ALIANAS CORPO	PRATIONS
SUBJECT:	Profession	onal Se	curity Corpo	ration		7
5020201	(Name	of corpora	tion - must include s	uffix)		··
Dear Sir or M	ladam:					
"Certificate of	"Application by Foreign Co f Existence", and check are siness in Florida.					
Please return	all correspondence concerni William R Bar	_	tter to the following:	900	005765 -06/13/020	689 <u>•</u>
			of Person)		*****78.75	*****78.75
	Professional	Securi	ty Corporati	.on		
	.,	(Firm/0	Company)			
	7165 US High	way 49	North			
		(Ac	ddress)			<del></del>
	Hattiesburg,	MS	39402			
		(City/Stat	te and Zip code)	·	-	
For further in	formation concerning this m m R Banks	atter, pleas at ( 601		.2		
	ne of Person)	\ <u> </u>	ea Code & Daytime T		Number)	
STREET AL Registration S Division of C 409 E. Gaines Tallahassee, I	Section orporations 5 St.		MAILING ADD Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations		

Enclosed is a check for the following amount:

☐ S70.00 Filing Fee

28.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy

☐ S87.50 Filing Fee, Certificate of Status & Certified Copy

> Wo2- /7397 J. BRYAN JUN 1 4 2002 J. BRYAN JUN 2 4 2002



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 14, 2002

WILLIAM R. BANKS PROFESSIONAL SECURITY CORPORATION 7165 US HWY. 49 NORTH HATTIESBURG, MS 39402

SUBJECT: PROFESSIONAL SECURITY CORPORATION

Ref. Number: W02000017397

We have received your document for PROFESSIONAL SECURITY CORPORATION 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 document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 502A00039044

### 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. 🔥 🥠 🙏
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. Professional Security Corporation  (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. Mississippi 3. 64-0637229 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. April 30, 1980  (Date of incorporation)  5. April 30, 2079  (Duration: Year corp. will cease to exist or "perpetual")
6. June 01, 2002 (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. 7165 US Highway 49 North Hattiesburg, MS 39402 (Principal office address)
7165 US Highway 49 North Hattiesburg, MS 39402
(Current mailing address)
Providing Security Guards Service
(Furpose(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: William R Banks
Office Address: 105-A Lewis Street
Fort Walton Beach , Florida 32548 (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 lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. If further agree to comply with the provisions of all statutes relative to the proper and complete performance of my luties, and I am familiar with and accept the obligations of my position as registered agent.
William X Bants.
(Registered agent's signature)

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.

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

A. DIRECTORS

San Oral		· ·		
ress:	<u>.</u>	<del></del>	- 3112 - 315 - 315	۵,
			A TOUND	_′<
e Chairman:			AHACO	Phy
iress:				20.
			~~~	7/10 7/20
petor:				4
iress:				
ector;			_	
ress:				
OFFICERS		*		
idani. Timmy D Shoomakor				
ress: 7165 US Highway 49 North	Usttiochura			
ress: 7103 OB HIGHWAY 47 NOITH	mattresburg,	rio	39402	
President: William R Banks				<del>:</del>
ress: 7165 US Highway 49 North				
Hattiesburg, MS 39402			<del>- , , , , , , , , , , , , , , , , , , ,</del>	
etary: Aley M Shoemaker				
	Hattiesburg,			<del></del> -
7165 TIC TIS -1 40 NT	macticopurg,	1,10	_37402	
ress: 7165 US Highway 49 North  Alev M Shoemaker				
ress: 7165 US Highway 49 North surer: Aley M Shoemaker 7165 US Highway 49 North	Hattiesburg,	MS	39402	<del></del> ·

## State of Mississippi

#### Secretary of State's Office Eric Clark

Secretary of State Jackson, Mississippi



CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on April 30,1980 the state of Mississippi issued a Charter/Certificate of Authority to:

PROFESSIONAL SECURITY CORPORATION

That the state of incorporation is MISSISSIPPI.

THAT THE PERIOD OF DURATION IS 99 YEARS.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

STATE OF STA

Given under my hand and seal of office June 07,2002

ERIC CLARK, Secretary of State