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TO: Registration Section Division of Corporations	TTON TNC
SUBJECT: SKY PROTECT	TION, INC. MAGGE MA
(Name of corpo	ration - must include suffix)
•	The surface su
Dear Sir or Madam:	Photo Contract of the Contract
The enclosed "Application by Foreign Corporation "Certificate of Existence", and check are submitted to transact business in Florida.	for Authorization to Transact Business in Florida", to register the above referenced foreign corporation
Please return all correspondence concerning this ma	atter to the following:
	50006896095— -08/05/02—01050—015 e of Person)
JKY PRO-	TECTION INC.
	(Company)
4065-	MATN ST
(A	Address)
Englewood	4, Ohio 45327
(City/Sta	ate and Zip code)
For further information concerning this matter, plea	se call:
•	
$\frac{\sum_{e \in SO} e \sum_{e \in SO} c}{\text{(Name of Person)}} \text{ at } (\frac{93}{\text{Ar}})$	ea Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
Tallahassee, FL 32399	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\to\$ Certificate of Status	□ \$78.75 Filing Fee & □ \$87.50 Filing Fee, 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 FOREIĞN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1 SKY PROTECTION 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. Oktoo (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)
(State of country under the law of which it is incorporated) (FEI number, if applicable)
4. April 2007 (Date of incorporation) 5. VERPETUAL (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. 40(e 5 MAN St Englewood, Olivo 45322 (Principal office address)
40(0 5. Main St. Englewood, Ohio 45322 (Current mailing address)
8. Providing SECURITY OFFICERS / INVESTIGATIONS to Clients (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: Dale Spradling
Office Address: 572 S.E. FALLON Dr.
Port 5t_hucie , Florida 43983 (City) (Zin code)
(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 havely accept the 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. If 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.
$1 - \sqrt{\varepsilon} \leq 2$
(Registered ageny'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
Chairman: it losson A Kennedy
Address: 8059 Upper Lewisburg Jalen Rd.
Brookville, Ohio 45309
Vice Chairman:
Address:
TAS COR MAIL
Director:
Address:
Director:
Address:
B. OFFICERS
- CONEUL
Address: 8059 apper Lewisburg Salen Rol Brookville Olica 45309
Vice President: Dale E Drading
Address: 159 Chris 18
Englewood, Oh-o 45322
Secretary: Date pradition
Address:
Treasurer: bale E Spradling
Address: 159 Chris Dr. Elglewood, Ohio 45322
NOTE: If necessary you may attach an add ad
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
(Typed or printed name and capacity of person signing application)

United States of America State of Ohio Office of the Secretary of State

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show SKY PROTECTION, INC., an Ohio corporation, Charter No. 1309872, having its principal location in Englewood, County of Montgomery, was incorporated on April 01, 2002 and is currently in GOOD STANDING upon the records of this office.





Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 31st day of July, A.D. 2002

Ohio Secretary of State

Validation Number: V2002212J68795