F02000004523

TRANSMITTAL LETTER

	ation Section n of Corporations			
SUBJECT:	SENATE INVESTIGAT	IONS INC.		
Dobbaci	(Name of	f corporation - must include suffix)		_
Dear Sir or Mad	lam:			
	Existence", and check are sub	oration for Authorization to Transa omitted to register the above refere		
Please return al	correspondence concerning	this matter to the following:		
	RONNIE PADRON			
		(Name of Person)		
	SENATE INVESTIGAT	IONS INC.		
		(Firm/Company)		
	273 W. St. George	s Ave.		
		(Address)		
	Linden, NJ 07036			·
	(City/State and Zip code)		
For further info	rmation concerning this mat	ter, please call:	0000747567 -08/03/0201062 *****78.75 ***	18 003 **78.75
RONNIE]				-
(Name	of Person)	(Area Code & Daytime Teleph	hone Number)	
Name STREET ADI Availability Registration Se Division of Cor Document 409 E. Gaines Examinor Tallahassee, FI	ction rporations St.	MAILING ADDRES Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 323	ions mg	FILED -3 MM 9:
Updater Enclosed is a.c	heck for the following amou	nt:	<u> 24</u> .	5
	1			
Vuniver S70.00 Filing	S78.75 Filing F Certificate of		 \$87.50 Filing Fee, Certificate of Status & Certified Copy 	k

EEEP 000004553

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.

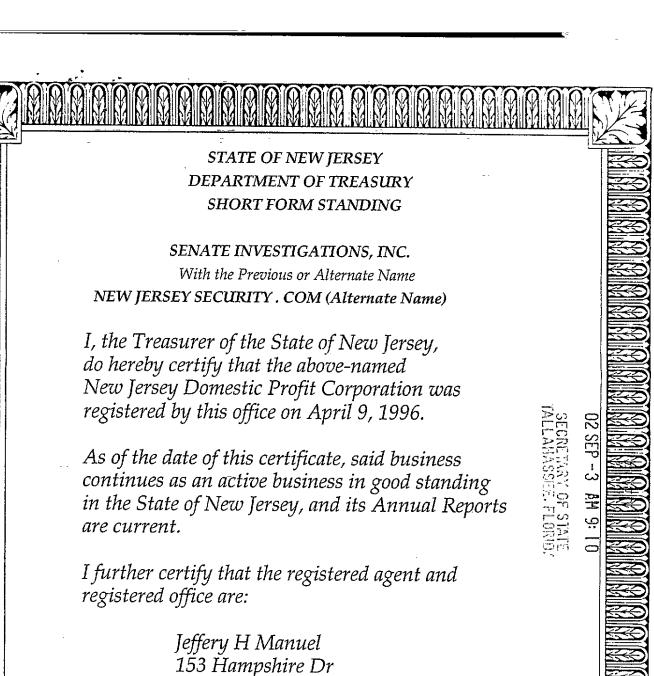
1	SENATE INVESTIGATIONS INC.				
((Name of corporation; must include the word "INCORPORA"	D", "COMPANY	?", "CORPORATION" or		- :
7	words or abbreviations of like import in language as will clea	indicate that it is	a corporation instead of a		
ï	natural person or partnership if not so contained in the name a	oresent.)			
_	- 11 · T				
	_ U.S.A. New Jox Say 3				
(;	State or country under the law of which it is incorporated)	(F	FEI number, if applicable)		
4.	4/9/1996	Per.			
	(Date of incorporation)	(Duration: Year	corp. will cease to exist or '	'perpetual")	_
6.	UPON QUALIFICATION				
	Date first transacted business in Florida. If corporation has n	transacted busines	ss in Florida, insert "unon qu	ralification "	R
`	(SEE SECTIONS 607.150				S
			•	全省	<u></u>
7. 273 W. St. Georges Ave. Linden, NJ 07036				<u> </u>	_!
	(Principal office ac	•		음족	ယ
	Pines 15983 Nw 5th St. Pennbrook , Fl 33	28			<u> </u>
(Current mailing address)					က်
	(3	,,		용공	
				Ērri	0
8	Dectective/Guard and security equi			سموطي	
	(Purpose(s) of corporation authorized in home state or	untry to be carried	i out in state of Florida)		
9 1	Name and street address of Florida registered agent	(DA Day or M	oil Dran Pay NOT assan	tabla)	
J	Traine and <u>street address</u> of Plottda registered agent	(1.O. DOX OF IVE	an Diop Box NOT accep	laule)	
	Name: Mitch Behar				
					• •
Off	fice Address: 15983 NW 5th. St. Pennbrook	<u>ines</u> , Fl 330	028		
	Pennbrook Pines	, Florida	33028		
	(City)		(Zip code)		
	Registered agent's acceptance:				
Ha	wing been named as registered agent and to accept ser	ce of process fo	r the above stated corpor	ation at the	e place
des	signated in this application, I hereby accept the appoin	nent as registere	ed agent and agree to act	in this cap	acity. I
jur	ther agree to comply with the provisions of all statutes	elative to the pr	oper and complete perfor	rmance of r	my
aut	ties, and I am familiar with and accept the obligations	t my position as	registered agent.		

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.

(Registered agent's signature)

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

A. DIRECTORS Chairman: Ronnie Pariron Address: ______ 130 N. 13th St. Kenilworth, NJ 07033 Vice Chairman: Address: _____ Address: 2 Director: _ Address: _ **B. OFFICERS** President: ______ Jeffrey H. Manuel Address: 150 Parker Rd. South Plainsboro, NJ 08536 Vice President: Ronnie Partron Address: 130 N. 13th St. Kenilworth, NJ 07033 Secretary: Address: Treasurer: Address: _____ NOTE: If necessary, you may n 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) CHAIRMAN RONNIE PADRON (Typed or printed name and capacity of person signing application)



Plainsbor, NJ 08536

Continued on next page . . .

