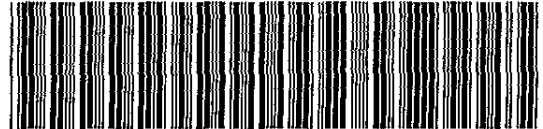


FO3000000475

03 JAN 30 PM 12:01

STATE
TALLAHASSEE, FLORIDA



000010962130

01/29/03--01075--004 **78.75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

AL

TRANSMITTAL LETTER

FILED

03 JAN 30 PM 12:01

TO: Registration Section
Division of Corporations

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

SUBJECT: Modular Protection Corporation
(Name of corporation - must include suffix)

Dear Sir or Madam:

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:

Evelyn King

(Name of Person)

Modular Protection Corporation
14820 W. 107th Street
Lenexa, KS 66215

(Firm/Company)

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

Evelyn King

(Name of Person)

at (913) 384-0111 x22

(Area Code & Daytime Telephone Number)

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:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

FILED

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.

03 JAN 30 PM 12

DEPARTMENT OF
HALLMARKS, FLO

1. Modular Protection 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. Kansas 3. 48 085 1447
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. OCT. 13, 1976 5. perpetual
(Date of incorporation) (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. Modular Protection Corporation
14820 W. 107th Street (Principal office address)
Lenexa, KS 66215
same
(Current mailing address)
8. Service, sales & installation of pre-engineered fire suppression systems
(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: CTCorp System
Office Address: 1200 S. Pine Island Rd.
Plantation, Florida 33324
(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.


(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:

FILED

03 JAN 30 PM 12: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: C. Lee Glenn

Address: 7017 CREST
Shawnee Ks 66218

Vice Chairman: Richard Niemann

Address: 5721 OAKVIEW
Shawnee Ks 66216

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: C. Lee Glenn

Address: 7017 CREST
Shawnee Ks 66218

Vice President: Richard Niemann

Address: 5721 OAKVIEW
Shawnee Ks 66218

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____

Richard Niemann, V. Pres.

(Typed or printed name and capacity of person signing application)

STATE OF KANSAS

OFFICE OF
SECRETARY OF STATE
RON THORNBURGH



03 JAN 2003

TALLAHASSEE, FLORIDA

To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to corporations and that I am the proper official to execute this certificate.

I FURTHER CERTIFY THAT

MODULAR PROTECTION CORPORATION

is a regularly and properly organized corporation under the laws of the state of KANSAS, having been incorporated in Kansas on the 13th day of October, A.D. 1976 and has paid all fees and franchise taxes due this office and is in good standing according to the records now on file in the office of Secretary of State.

In testimony whereof:
I hereto set my hand and cause
to be affixed my official seal.
Done at the City of Topeka, this
22nd day of January, A.D. 2003



RON THORNBURGH
SECRETARY OF STATE