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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
(,
(Document Number)
(Document Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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By



# SIDE Bar & Associates

11/30/02

From: Samuer WARH INGRAL
Side Poor + Hes Security



Please Jind enclosed in Jamention you requested for our Luciace
Best Regards
Somel Washing In

#### DIVISIONS OF FLORIDA DEPARTMENT OF STATE

Office of the Secretary Office of International Alfairs Division of Elections Division of Corporations Division of Cultural Affairs Division of Historical Resources Division of Library and Information Services Division of Licensing Division of Administrative Services



#### FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF LICENSING

REF#: B 2200210

Please correct address. (7700)

in Key Code KOT in Key Code for in Key Code for in Key Code

MEMBER OF THE FLORIDA CABINET

Trustees of the Internal Improvement Trust Bund Administration Commission

Florida Land and Water Adjudicatory Commission

Department of Revenue
Department of Law Enforcement
Department of I lighway Safety and Mutor Vehicles
Department of Veterans' Affairs

State Board of Education

Siting Board Division of Bend Finance

21 October 2002

Side Bar & Associates Security Attn: Samuel E. Washington 7770 Edgewater Dr. Suite 110

Oakland, CA 94621

RE: Notice of Error or Omission

Dear Mr. Washington:

We are unable to continue processing your application(s) for the Class(es) "B" Security Agency license(s) for the following reason(s):

The application you recently submitted indicates that you intend to do business as a corporation under the name SIDE BAR & ASSOCIATES SECURITY. Please submit a copy of your Articles of Incorporation authorized under Chapter 607, Florida Statutes. Please call the Department of State, Division of Corporations at 850/245-6052 (Domestic) or 850/245-6091 (Foreign) for information on how to file.

Agency needed phylical location in Florida.

Please return the above-specified item(s) with a copy of this letter within 30 days from the date of this letter. Please be advised that failure to do so will result in denial of your application and forfeiture of fees. To apply for licensure after denial, you must submit a new application, necessary documentation and applicable fees.

If you have any questions regarding this matter, please call our Public Inquiry Section at (859) 488-5381. A Service Representative will be happy to assist you.

Beverly Springer, Supervisor Public Inquiry Section Bureau of License Issuance

BS/KH

LIVISION OF LICENSING

05 BEC -2 VW 3: 02

DEPARTMENT OF STATE RECEIVED

Post Office Box 6687 • Tallahassee, Florida 32314-6687 • (850) 488-5381 FAX: (850) 487-7950 • http://www.dos.state.fl.us

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### SBA Security Services Side Bar & Associates

May 13, 2003

Mr. Buck Kohr Divisions of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Mr. Kohr:

Enclosed is an original Certificate of Status, dated May 12, 2003 for Side Bar & Associates. This is the item you requested when we spoke on the phone last week in order to complete our license application.

MANAGEM

TECHNICAL SOLUTIONS 8(a)CERTIFIED-HUB ZONE

I wish to thank you for your kind assistance in the matter of getting Side Bar fully licensed in the state of Florida. You have been most helpful.

We look forward to receiving the refund checks in the amounts of \$10, \$50, and \$87.50, as well as the refund application for a refund in the amount of \$160. If you should require anything else please contact me or Mr. Samuel Washington at 510-686-2300.

Once again, thank you for your kind service.

Sincerely.

Elsa Francis

For Mr. Samuel Washington, CEO

### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Side Bar & Associates Security (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:  SAMUEL WASHIN G-TON
Side Bar & Ass, Security
7700 Edgewater Drive-Suite 110
Oakland, Ca 94621
(City/State and Zip code)
For further information concerning this matter, please call:
SAMUEL WASHINGTON 510 686 2300 Ext 203
(Name of Person) (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 & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,  Certificate of Status Certified Copy  Certified Copy  Certified Copy

## SBA Security Services Side Bar & Associates

MANAGEMEN
TECHNICAL SOLUTION:
8(a)CERTIFIED-HUB ZON:

11/30/02

Dear Ms. Springer

Below is our news office in Florida

Side Bar & Ass Security
17620 N.W. 67th Ave. Suite 1104
Miami, Florida 33015
(305) 9519105
e-mail: sidebar 5 2 adl. com
Best Regards
Samuel Washing T

"Taking Homeland Security Seriously"

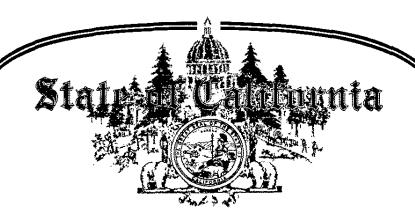
### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" To words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of natural person or partnership if not so contained in the name at present.) (FEI number, if applicable) inder the law of which it is incorporated) Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (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: Office Address: 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.

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. DIRECTOR	SAMUEL WASHINGTON
Chairman:	
Address:	7700 Edgewater Dr. Suite 110
	Oakland, Calit 94621
Vice Chairman:	
Address:	
•	25.00
Director:	
Address:	The second secon
Director:	
Address:	the state of the s
<del></del>	<del>and the state of </del>
B. OFFICERS	
President:	SAMUEL WASHINGTON
Address:	7700 Edgewater Dr. Suite 110
Address.	Oakland Calib. 94621
Vice President: _	
Address:	The second secon
	and the second s
Secretary:	the state of the s
Address:	
Treasurer:	
Address:	The first section of the first
NOTE: If nece	essary, you may attach an addendum to the application listing additional officers and/or directors.
13. Jan	nuel Washing I
1	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)



# SECRETARY OF STATE CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

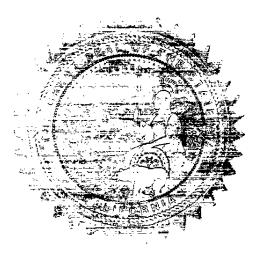
That on the 1ST day of JANUARY, 1998, SIDE BAR & ASSOCIATES became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 12, 2003.

KEVIN SHELLEY Secretary of State