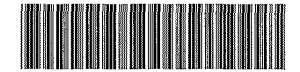
# 10300004795

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 18, 2003

FRED SZYMBORSKI, JR. 2710 DEL PRADO BLVD. #2-120 CAPE CORAL, FL 33904

SUBJECT: SECURE MANAGEMENT SERVICES, INC.

Ref. Number: W03000026717

We have received your document for SECURE MANAGEMENT SERVICES, INC. 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 entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 303A00051723

#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations					
SUBJECT: SECURE MANA	AGEMENT SE	RVICES, INC.			
	Name of corpora	tion - must include suffix)			_
Dear Sir or Madam:					
The enclosed "Application by Forei "Certificate of Existence", and chec to transact business in Florida.					
Please return all correspondence co	ncerning this mat	ter to the following:			
FRED W. SZYMBORSKI, JI	₹.				
	(Name	of Person)			_
SECURE MANAGEMENT	SERVICES, IN	C			_
	(Firm/C	Company)	<del>-</del> -		- ::::::
2710 DEL PRADO BLVD #	2-120		<u></u> ,		—, · ·
	(Ad	(dress)		<b>-,-</b>	•
CAPE CORAL, FL 33904					; — _
	(City/Stat	e and Zip code)	*		
For further information concerning	this matter, pleas	e call:			
FRED SZYMBORSKI	at (239	945-2622			
(Name of Person)	(Are	a Code & Daytime Telepho	one Number)		
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		MAILING ADDRESS Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	ns		
Enclosed is a check for the following	ng amount:				
	Filing Fee & icate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Fi Certifica	te of Statu	ıs &

## APPLICATION BY FOREIGN CORPGRATION 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. SECURE	MANAGEMENT SERVICES, INC.			
words or abbre	oration; must include the word "INCORPORATED", viations of like import in language as will clearly indigor partnership if not so contained in the name at present the contained in the name at present in the	icate that it is a corporation instead of		
2. DELAWAR	RE 3 80	0-0062303		
	under the law of which it is incorporated)	(FEI number, if applicable	;)	
4. 4/24/200	)3 5.	MA Porcoetral		
(Dat	te of incorporation) (Du	ration: Year corp. will cease to exist	or "perpetual")	
6. APRIL 1,	2003			
(Date first transa	acted business in Florida. If corporation has not trans (SEE SECTIONS 607.1501, 607	sacted business in Florida, insert "upo 1.1502 and 817.155, F.S.)	n qualification.")	
7. 1708 D C	CAPE CORAL PARKWAY WEST CAPE	CORAL, FL 33914	م. الرياد الروسيي	
	(Principal office address)		7 1	
2710 DEL PRADO BLVD #2-120 CAPE CORAL, FL 33904		, , , , , , , , , , , , , , , , , , ,	 5	
	(Current mailing address)		151	1.1
TELEPHO	NE / COMPUTER NETWORKING AUD	DIO AND VIDEO INSTALLAT	FION	_
8. Purnosei	(s) of corporation authorized in home state or country	to be cerried out in state of Florida	ingue #_	
· -		•	•	
9. Name and sti	reet address of Florida registered agent: (P.C	D. Box or Mail Drop Box NOT ac	ceptable)	
Name:	FRED W. SZYMBORSKI			
Office Address:	1708 D CAPE CORAL PRKWY WEST	-		<b>-</b>
	CAPE CORAL	, Florida		
	(City)	(Zip code)		
Having been nat designated in thi further agree to	agent's acceptance: med as registered agent and to accept service of is application, I hereby accept the appointment comply with the provisions of all statutes relate familiar with and accept the obligations of my	as registered agent and agree to ive to the proper and complete pe position as registered agent.	act in this capacit	
_	(Registered agent's signature	mc)		

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: FRED SZYMBORSKI	
Address: 11850 LADY ANNE CIRCLE	
CAPE CORAL, FL 33991	
Vice Chairman: KEITH M. HELMS	
Address: 1114 SW 54TH LANE	
CAPE CORAL, FL 33914	
Director: CRAIG SOUTHARD, SR	
Address: 1826 SE 8TH AVE	
CAPE CORAL, FL 33990	
Director: RONALD KOSARICH	. 3
Address: 4858 LEMA COURT	.,.
N FORT MYERS, FL 33903	
B. OFFICERS	
President: CRAIG SOUTHARD, SR	- 1
Address: 1826 SE 8TH AVE	
CAPE CORAL, FL 33990	
Vice President:FRED SZYMBORSKI	
Address: 11850 LADY ANNE CIRCLE	
CAPE CORAL, FL 33991	
Secretary: KEITH M. HELMS	
Address: 1114 SW 54TH LANE CAPE CORAL, FL 33914	
Treasurer: MICHAEL C. SPICUZZA	
Address: 5237 RED CEDAR DRIVE, FORT MYERS, FL 33903	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	I/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the a  14. FRED SZYMBORSKI	pplication)
(Typed or printed name and capacity of person signing application)	

## Delaware

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SECURE MANAGEMENT SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF SEPTEMBER, A.D. 2003.



Warriet Smith Windson, Secretary of State

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030584379

AUTHENTICATION: 2626869

DATE: 09-10-03