F0400001000

00787-04099-00471

| (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: 2/12 For Non Profit |
| CCHUUS |
| Office Use Only |

Thurias Margan gave authorization by Phone to correct Add Alt. Name date Bloc. Exam Doc. Exam Doc.



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MJH :

04 FEB 12 /** 9: 37

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| Converte Coll. Inc. | |
| SUBJECT: Secure the Call, Inc. (Name of Corporation – must in | nclude suffix) |
| Dear Sir or Madam: | |
| The enclosed "Application by Foreign Not for Profit Corpora Affairs in Florida", "Certificate of Existence", and check are not for profit corporation to conduct its affairs in Florida. | |
| Please return all correspondence concerning this matter to the | e following: |
| Thomas Michael Morgan | |
| (Name of Person) | |
| Secure the Call, Inc. | |
| (Firm/Company) | |
| 12717 W. Sunrise Blvd., Suite 340 | · |
| (Address) | |
| Sunrise, FL 33323 | |
| (City/State and Zip Co | ode) |
| For further information concerning this matter, please call: | |
| Thomas Michael Morgan at 688 | 883-6628 |
| (Name of Person) (Area C |) 883-6628 ode & Daytime Telephone Number) |
| | |
| Registration SectionRegDivision of CorporationsDivi409 E. Gaines St.P. O | ILING ADDRESS: istration Section ision of Corporations Box 6327 ahassee, FL 32314 |
| Enclosed is a check for the following amount: | |
| | 75 Filing Fee & S87.50 Filing Fee, ified Copy Certificate of Status & Certified Copy |

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

| 1. Secure th | e Call, Inc. | SECURE THE | CALI | FOUNDAT | TION, | INC. | | | | |
|---|--|--------------------------------------|---|-------------------------------|---------------------------------|------------------------|------------------------|--------------------------------|---------------------|------------------|
| (Name of corpo | oration: must include the will clearly indicate that any" or "Co." may not | word "INCORPO it is a corporation | DRATE instead | D" or "CORI l of a naturai | PORATI n e rson o | ON" or w r partners | ship if not s | breviations of so contained | of like i in the | mport name at |
| 2. Maryland | | | 3. | 56-2428 | 386 | | | | | |
| (State or count | ry under the law of which | h it is incorporate | (d) | 56-2428 | | (FEI nu | mber, if ap | plicable) | | |
| 4. 01-15-20 | 04 (Date of Incorporation) | | 5. | Perpetu | al | | | | | |
| | (Date of Incorporation) | | | (Durati | on: Year | corp. wi | cease to | xist or "per | petual" |) |
| 6. 02-01-20 | | | | | | | | | | |
| (Date co | rporation first conducted | Affairs in Florida | a - See s | sections 617. | 1501, 61 | 7.1502, a | nd 817.15. | 5, F.S.) | | |
| ₇ 9111 Ed | monston Rd., Suit | | | | | | | | | |
| | | (Prin | | |) | | | | | |
| 12717 W | /. Sunrise Blad. S | | | | | | | | | |
| | | (Cur | rent ma | iling address |) | | | | | |
| 8. Collection | on and free distribution (Purpose(s) of corporate | | - | | | | | | | |
| 9. Name and st | reet address of Flori | da registered as | gent: (| P.O. Box or | Mail D | rop Box | NOT acc | eptable) | 7.0 | |
| Name: | Thomas Michael | Morgan | · | | - | : | | 3 · · | FEB | ENEXY OF |
| 000 111 | 12717 W. Sunris | e Blvd Suite | 340 | | | | | | \sim | * |
| Office Address: | | | | - ", | . *** | j. : | - ^ | Constitution | > | |
| | Sunrise | | | , Florida _ | 3332 | 3 | | | 9. | |
| | (0 | ity) | | J. P.O.Hua | - | (Zip | Code) | | 37 | • |
| Having been designated in I further agr | agent's acceptance: named as registered of this application, I he ee to comply with the am familiar with and | reby accept the provisions of a | appoir U statu | itment as re tes relative | egistered to the p | l agent d roper an | ind agree id comple | to act in th | is cap | acitv. |
| minico, min 1 | Juiirean : 11111 | eccels are cons | *************************************** | oj my pose | | -8.2.4.6 | | | | |
| | | | | | | | | | ,. | |
| | | | | ent's signatu | | | | | | |

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 addresses of officers and/or directors:

| A. DIRECTORS | |
|---|---|
| Chairman: | |
| Address: | |
| | . 7 |
| Vice Chairman: | |
| Address: | |
| Theres Michael Margar | |
| Director: Thomas Michael Morgan | |
| Address: 20638 Neerwinder St., Germantown, MD 20874 | |
| n: | |
| Director: | |
| Address: | |
| | - |
| B. OFFICERS | |
| President: | * Market to the Total |
| Address: | |
| | <u></u> , , , , , , , , , , , , , , , , , , |
| Vice President: | |
| Address: | <u> </u> |
| | |
| | <u></u> |
| Secretary: | <u> </u> |
| Address: | <u></u> 1912 |
| Treasurer: | |
| Address: | |
| 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) | <u>-</u> , * |
| 14. Thomas Michael Morgan, Director | _ ~ å |
| (Typed or printed name and capacity of person signing application) | |

STATE OF MARYLAND

Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT SECURE THE CALL, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JANUARY 20, 2004.

Paul B. Anderson Charter Division

Faul B. Under



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

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