

FO4000002613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

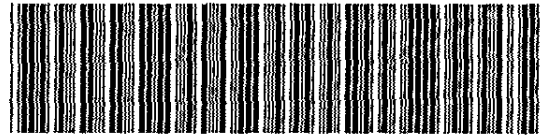
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800035238108

05/05/04--01013--014 **87.50

FILED
MAY 10 2004
FBI - MEMPHIS

FO4-2613
AR

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M.T.A. PROTECTIVE SERVICES, INC.
(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:

MICHAEL T. BONDAREK
(Name of Person)

M.T.A. PROTECTIVE SERVICES, INC.
(Firm/Company)

*11 WOODSPRING FARM LANE
(Address)

SANDWICH, MA 02563
(City/State and Zip code)

For further information concerning this matter, please call:

MICHAEL T BONDAREK at (508) 420-1386
(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 & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
1981
FILED

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. M.T.A. PROTECTIVE SERVICES, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

M.T.A. SECURITY SERVICES
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. BARNSTABLE COUNTY, MA 3. 04-3516196
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/14/00 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. 11 WOODSPRING FARM LANE, SANDWICH MA
(Principal office address)

SAME
(Current mailing address)

8. SECURITY SERVICES / SALE + RESALE OF REAL PROPERTY
(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: MR. GREGG MARTZOLF

Office Address: 1443 SE PROCTOR LN

PORT ST. LUCIE, Florida 34983
(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:

A. DIRECTORS

Chairman: _____
Address: _____

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

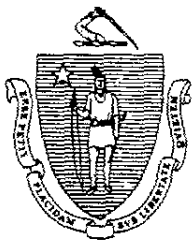
B. OFFICERS

President: MICHAEL T. BONDAREK
Address: #11 WOODSPRING FARM LN.
SANDWICH, MA. 02563
Vice President: MATTHEW M. CLANCY
Address: 23 BOXBERRY LN
ROCHESTER, MA 02770
Secretary: ALEXANDRA N. BONDAREK
Address: 11 WOODSPRING FARM LN. SANDWICH MA 02563
Treasurer: MICHAEL T. BONDAREK
Address: #11 WOODSPRING FARM LN. SANDWICH, MA. 02563

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

13. Michael Thomas Bondarek
(Signature of Director or Officer listed in number 12 of the application)

14. Michael Thomas Bondarek, President
(Typed or printed name and capacity of person signing application)



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

April 6, 2004

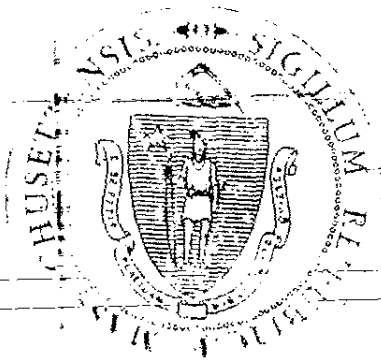
TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

MJA PROTECTIVE SERVICES, INC.

is a domestic corporation organized on **April 14, 2000**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156B section 101 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

*MGL Chapter 156B Section 83A provides that certain consolidations and mergers may be filed with the division within thirty days after the effective date of the merger or consolidation.