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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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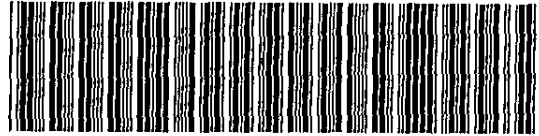
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

04 OCT - 1 PM 12:00

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNITED STATES ASSOCIATION PROFESSIONAL INVESTIGATORS, 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:

WALLEN J. SONNE

(Name of Person)

USAPI, INC.

(Firm/Company)

8812 BALLY BUNION ROAD

(Address)

PORT ST. LUCIE, FL 34986

(City/State and Zip code)

For further information concerning this matter, please call:

WALLEN J. SONNE

(Name of Person)

at (772) 201-3294

(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

FILED
04 OCT - 1 PM 12:00
TALLAHASSEE, FLORIDA

**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. UNITED STATES ASSOCIATION OF PROFESSIONAL INVESTIGATORS, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

USAPI, INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MARCH 23, 2004 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 8812 BALLY BUNION ROAD, PORT ST. LUCIE, FL 34986
(Principal office address)

SAME
(Current mailing address)

8. TO ENGAGE IN MY LAWFUL ACT OR ACTIVITY
(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 NOT acceptable)

Name: WARREN J. SONNE

Office Address: 8812 BALLY BUNION ROAD
PORT ST. LUCIE, Florida 34986
(City) (Zip code)

FILED
04 OCT - 1 PM 12:00
TALLAHASSEE, FLORIDA

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.

Warren J. Sonne
(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: WARREN J. SONNE

Address: 8812 BALLY UNION ROAD

PORT ST. LUCIE, FL 34986

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: WARREN J. SONNE

Address: 8812 BALLY UNION ROAD

PORT ST. LUCIE, FL 34986

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

FILED
04 OCT - 1 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

13. Warren J. Sonne

(Signature of Director or Officer listed in number 12 of the application)

14. WARREN J. SONNE, PRES.

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNITED STATES ASSOCIATION OF PROFESSIONAL INVESTIGATORS, 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 EIGHTEENTH DAY OF AUGUST, A.D. 2004.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 3301467

DATE: 08-18-04