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Division of Corporations

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From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 120000000195 Phone : (850)521-1000 Fax Number : (850)558-1575

Heaster Chapman x.2908

FOREIGN PROFIT/NONPROFIT CORPORATION

PROFESSIONAL PROTECTION INCORPORATED

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DIVISION OF CORPORATIONS

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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. Professional Protection Incurporated (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co." or "Corp.") Professional Protection Alliance Incorporated (If name unavailable in Florida, enter shemate corporate name adopted for the purpose of transacting business in Florida) Delaware (FEI number, if applicable) (State or country under the law of which it is incorporated) February 16, 1994 (Date of incorporation) (Duration: Your corp. will cause to exist or "perpetual") None (Date first transacted business in Florida, if prior to registration) (SEB SECTIONS 607.1501 & 607.1502, P.S., to determine ponelty liability) 1506 Elswick Lane, Charlotte, North Carolina 28217 (Principal office address) Post Office Box 33217, Charlotte, North Carolina 28233 (Current mailing address) Security guard and patrol services, and Private Investigation services (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) Corporation Service Company Name: 1201 Haya Street Office Address: Тайановисе (City) 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. Corporation Service Company Cynthia L. Harris By: as-its 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 Scoretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:

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A. DIRE	Carling E. Miles, Jr.
	Past Office Box 33217
	Charlotte, North Curulins 28233
Vice Chair	mag:
Address: _	
- Director:	
Director:	
B. OFFI	CERS
President:	Cartion B. Miles, Jr.
Address:	Post Office Box 33217
	Charlone, North Carolina 28233
Vice Presi	ident:
Address:	
Secretary:	
Address:	
Тисалитет	
Address:	
NOTE:	If necessary, you now attach an addendum to the application listing additional officers and/or directors.
13	(Signature of Director or Officer listed in number 12 of the application)
14. Car	tion E. Miles, Jr., Chairman and Presiden
414.	Change or mined news and canacity of paymen signification)

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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERBHY CERTIFY "PROFESSIONAL PROTECTION INCORPORATED" 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 JANUARY, A.D. 2006.

AND I DO HERBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HERBBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROFESSIONAL PROTECTION INCORPORATED" WAS INCORPORATED ON THE SIXTBENTH DAY OF FEBRUARY, A.D. 1994.



Warriet Smith Htindson

AUTHENTICATION: 4438312

DATE: 01-10-06

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