

Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

FOREIGN PROFIT/NONPROFIT CORPORATION

STATEWIDE SECURITY GROUP INC.

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Electronic Filing Menu

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H06000073694 3

**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. STATEWIDE SECURITY GROUP INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. PENNSYLVANIA

(State or country under the law of which it is incorporated)

3. 23-3082609

(FEI number, if applicable)

4. 04/19/2001

(Date of incorporation)

5. PERPETUAL

(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. 30 FOREST DR MOUNTAIN TOP, PA 18707-2005

(Principal office address)

30 FOREST DR MOUNTAIN TOP, PA 18707-2005

(Current mailing address)

8. ANY LAWFUL BUSINESS

(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: **PATRICK H. CURLY JR.**

Office Address: **314 BRASILIA ST**

PUNTA GORDA, Florida **33983-3861**

(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:

H06000073694 3

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2006 MAR 20 AM 11:52
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H06000073694 3

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: **PATRICK H. CURLY JR.**

Address: **30 FOREST DR MOUNTAIN TOP, PA 18707-2005**

Director: _____

Address: _____

B. OFFICERS

President: **PATRICK H. CURLY JR.**

Address: **30 FOREST DR MOUNTAIN TOP, PA 18707-2005**

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. *Patrick H. Curly Jr.*
(Signature of Director or Officer listed in number 12 of the application)

14. **PATRICK H. CURLY JR., DIRECTOR**
(Typed or printed name and capacity of person signing application)

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H06000073694 3

H06000073694 3

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

MARCH 15, 2006

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

STATEWIDE SECURITY GROUP, INC.

**Is duly incorporated under the laws of the Commonwealth of Pennsylvania and
remains a subsisting corporation so far as the records of this office show, as of
the date herein.**



**IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.**

Pechia A. Cantis
Secretary of the Commonwealth

H06000073694 3