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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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Certified Copies Certificates of Status					
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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Executive Protect	tion Security Service In	ic.
	corporation - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corpo "Certificate of Existence," and check are substransact business in Florida.		
Please return all correspondence concerning t	his matter to the following:	
Edwin T. Alliston		
	(Name of Person)	
Executive Protection Secu	rity Service Inc.	
	(Firm/Company)	
15180 Community Road		
	(Address)	
Gulfport, MS 39503		OR SEL
(0	City/State and Zip code)	
For further information concerning this matte	r, please call:	N-5 PM
Edwin T. Alliston	₍ 228 ₎ 831-9489	PH 2: L6
(Name of Person)	(Area Code & Daytime Telephone	Number) Dr. 5
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDI New Filing Section Division of Corpor P.O. Box 6327 Tallahassee, FL 3	n rations
Enclosed is a check for the following amount \$70.00 Filing Fee \$78.75 Filing Fee Certificate of St	e & 🔲 \$78.75 Filing Fee &	\$87.50 Filing Fee, Certificate of Status & Certified Copy

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. Executiv	e Protection Security Se	rvic	erInc.			
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	," "CC	MPANY," "CORPORATION,"		_	
<u>1</u>						
	able in Florida, enter alternate corporate name			ess in Florid	la)	
2. Mississip		20	-1666107	H		
•	under the law of which it is incorporated)		(FEI number, if applicable)			
_{4.} Mat 17 2	5.		Perpetral			
(Date	of incorporation)	(Dur	ation: Year corp. will cease to exist or	"perpetual	")	
6						
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15					
7 15180 Cd	ommunity Road Gulfport		• • • • • • • • • • • • • • • • • • • •			
/. <u></u>	(Principal office add	·				
	(Current mailing add	lress)		불의	_	
To Describ	da Caarmitri mirand Camiia				06 J	والمراز المد
	de Security guard Servic		. 1	===		
(Purpose(s) of corporation authorized in home state or co	ountry	to be carried out in state of Florida)	SSE	2	
9. Name and stree	t address of Florida registered agent: (P.C). Box	NOT acceptable)	<u>ئ</u> ئىپ د	70	
Name:	John Chambless			95.	PH 2: 46	الهيبية ا
Office Address:	410 E. Desota St.			NDA	94	
	Pensacola		Florida 32501			
	(City)	•	, Florida 32501 (Zip code)			
designated in this further agree to co	gent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appointn omply with the provisions of all statutes ro with and accept the obligations of my po	nent a elative	s registered agent and agree to act to the proper and complete perfo	in this ca	pacity	. I
	(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: Edwin T. Alliston Address: 15180 Community Road Gulfport, Ms 39503 Vice Chairman: Edwin T. Alliston Address: 15180 Community Road Gulfport, Ms 39503 Director: Edwin T. Alliston Address: 15180 Community Road Gulfport, Ms 39503 Director: Edwin T. Alliston Address: 15180 Community Road Gulfport, Ms 39503 **B. OFFICERS** President: Edwin T. Alliston Address: 15180 Community Road Gulfport, Ms 39503 Vice President: Edwin T. Alliston Address: 15180 Community Road Gulfport, Ms 39503 Secretary: Edwin T. Alliston 15180 Community Road Gulfport, Ms 39503 Treasurer: Edwin T. Alliston 15180 Community Road Gulfport, Ms 39503 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

Director or Officer listed in number 12 of the application)

State of Mississippi

Secretary of State's Office Eric Clark

Secretary of State Jackson, Mississippi

CERTIFICATE

I, Eric Clark, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, as required by the law of Mississippi, to be filed in my office, do hereby certify:

That on May 17, 2004 the state of Mississippi issued a Charter/Certificate of Authority to:

EXECUTIVE PROTECTION SECURITY SERVICES, INC

That the state of incorporation is MISSISSIPPI.

That the period of duration is 99 years.

That according to the records of this office, Articles of Dissolution or a Certificate of withdrawal have not been filed.

That according to the records this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to their state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

> Given under my hand and seal of office May 8, 2006

> > nie Clark

Eric Clark

Secretary of State

