

FD6000004017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

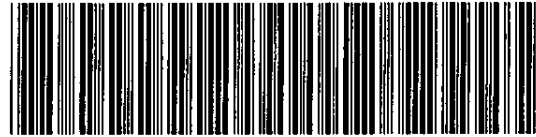
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

MRS  
6/9

0006-22140

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** PROCON, 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:

PATRICK MESSING

(Name of Person)

PROCON, INC.

(Firm/Company)

2035 LAKESIDE CENTRE WAY, SUITE 125

(Address)

KNOXVILLE, TN 37922

(City/State and Zip code)

For further information concerning this matter, please call:

PATRICK MESSING at ( 865 ) 694-2704, Ext. 113  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing 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

**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. **PROCON, INC.**

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

**PROTECT & CONNECT, INC.**

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

2. **TENNESSEE**

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

3. **72-1551246**

(FEI number, if applicable)

4. **December 23, 2002**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **JANUARY 17, 2006**

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

7. **2035 LAKESIDE CENTRE WAY, SUITE 125, KNOXVILLE, TN 37922**

(Principal office address)

**same as above**

(Current mailing address)

8. **Distribution of Anti-Theft Devices to Automobile Dealers for Resale**

(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:

Incorp Services, Inc.

Office Address:

18450 NE 2nd Ave.

Miami

(City)

, Florida

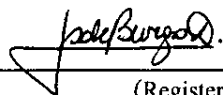
33179

(Zip code)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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.*



on behalf of Incorp Services, Inc.

(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: BRIAN BOLING

Address: 2035 LAKESIDE CENTRE WAY, SUITE 125, KNOXVILLE, TN 37922

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: RONALD BISHOP

Address: 19342 SLEEPING OAK DRIVE, TRABUCO CANYON, CA 92679

Director: TIM WELCH

Address: 2035 LAKESIDE CENTRE WAY, SUITE 125, KNOXVILLE, TN 37922

**B. OFFICERS**

President: BRIAN BOLING

Address: 2035 LAKESIDE CENTRE WAY, SUITE 125 KNOXVILLE, TN 37922

Vice President: TIM WELCH

Address: 2035 LAKESIDE CENTRE WAY, SUITE 125 KNOXVILLE, TN 37922

Secretary: WILLIAM E. MCCLAMROCH, III

Address: 900 SOUTH GAY STREET, SUITE 1400 KNOXVILLE, TN 37902

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may 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. \_\_\_\_\_

**BRIAN BOLING - PRESIDENT AND CEO**

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

Secretary of State  
Division of Business Services  
312 Eighth Avenue North  
6th Floor, William R. Snodgrass Tower  
Nashville, Tennessee 37243

ISSUANCE DATE: 05/04/2006  
REQUEST NUMBER: 06124506  
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 12/23/2002  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0438692  
JURISDICTION: TENNESSEE

TO:  
PATRICK MESSING  
02035 LAKESIDE CTR W  
STE 125  
KNOXVILLE, TN 37922

REQUESTED BY:  
PATRICK MESSING  
02035 LAKESIDE CTR W  
STE 125  
KNOXVILLE, TN 37922

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT  
"PROCON, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF  
INCORPORATION AND DURATION AS GIVEN ABOVE;  
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE  
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;  
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS NOT BEEN FILED  
WITH THIS OFFICE; AND  
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND  
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 05/04/06

FROM:  
PROCON, INC-KNOXVILLE  
2035 LAKESIDE CTR WY

KNOXVILLE, TN 37922-0000

RECEIVED: FEES \$20.00 \$0.00  
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00003940536  
ACCOUNT NUMBER: 00527136



*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE