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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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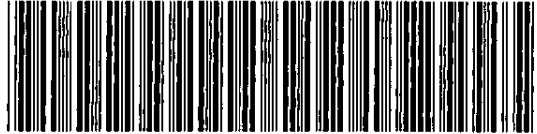
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

4-2-4

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ARES DEFENSE SYSTEMS, 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:

GEOFFREY A. HERRING

(Name of Person)

ARES DEFENSE SYSTEMS, INC.

(Firm/Company)

P.O. BOX 120789

(Address)

WEST MELBOURNE, FLORIDA 32912 USA

(City/State and Zip code)

For further information concerning this matter, please call:

GEOFFREY A. HERRING at (321) 242-8410

(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. **ARES DEFENSE SYSTEMS, INC.**

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

ARES DEFENSE

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

2. **VIRGINIA** 3. **02-0677536**
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **JANUARY 31, 2003** 5. **PERPETUAL**
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. **4045 DOW ROAD, SUITE 102, MELBOURNE, FLORIDA 32934 USA**
(Principal office address)

P.O. BOX 120789, WEST MELBOURNE, FLORIDA 32912 USA
(Current mailing address)

8. **ANY AND ALL 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 NOT acceptable)

Name: **GEOFFREY A. HERRING**

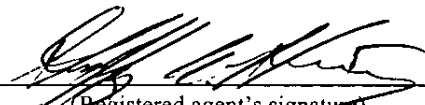
Office Address: **4045 DOW ROAD, SUITE 102**

MELBOURNE, Florida **32934**
(City) (Zip code)

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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.


(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: GEOFFREY A. HERRING

Address: P.O. BOX 120789, WEST MELBOURNE, FLORIDA 32912 USA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: GEOFFREY A. HERRING

Address: P.O. BOX 120789, WEST MELBOURNE, FLORIDA 32912 USA

Vice President: _____

Address: _____

Secretary: GEOFFREY A. HERRING

Address: P.O. BOX 120789, WEST MELBOURNE, FLORIDA 32912 USA

Treasurer: GEOFFREY A. HERRING

Address: P.O. BOX 120789, WEST MELBOURNE, FLORIDA 32912 USA

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. GEOFFREY A. HERRING - PRESIDENT

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

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TALLAHASSEE, FLORIDA

Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

ARES DEFENSE SYSTEMS, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is January 31, 2003.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:
January 17, 2008*

Joel H. Peck

Joel H. Peck, Clerk of the Commission