FOBOCOOD LEG

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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02/12/08--01035--007 **78.75

SECRETARY OF STATE TALLAHASSEE, FLORIO

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Detention Equipment (Dame of corp.	H Service Inc. poration - must include suffix)
Dear Sir or Madam:	
	on for Authorization to Transact Business in Florida," ed to register the above referenced foreign corporation to
Please return all correspondence concerning this	matter to the following:
LeAnne D. Scott, Con	troller,
(No	me of Person)
Detention Equipment Service Inc. (Firm/Company)	
(Fir	m/Company)
115 Enterprise Drive Suite G	
	(Address)
Pendergrass GN 30567	
(City/	State and Zip code)
	ease call: O() 6932495 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 & \$87.50 Filing Fee, Certified Copy 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. (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. State or country under the law of which it is incorporated)

3. 51-0347404

(FEI number, if applicable) 4. (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 19 Crossan Court Landenberg, PA 19350
(Principal office address)

19 Crossan Court Landenberg, PA 19350
(Current mailing address) 8. Sale, Installation and Service of Detention Equipment
(Purpose(s) of corporation authorized in homedrate or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NRAI Services. Inc. Name: 2731 Exclutive Park Dr. Ste 4 Office Address: Weston , Florida 3333 (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. NRAI Services. Inc.

Registered agent's signature)

Army Purdy, Assistant Secretary
ficate of existence duly authenticated, not more than 90 day

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:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
Address: 19 Crosson Cowt
Landenhera DA 102EA
Vice President:
Address:
Varia II II en:
Secretary: Karen M. Harris Address: 19 Crossan Court, Landenberg, PA 19350
3
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Kow M. Hawis
(Signature of Director or Officer listed in number 12 of the application)
14. Karen M. Harris, Secretary (Typed or printed name and capacity of person signing application)
(I yped or printed name and capacity of person signing application)

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DETENTION EQUIPMENT SERVICE, INC."

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 TWENTY-EIGHTH DAY OF JANUARY, A.D. 2008.

2325840 8300

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Harriet Smith Windsor, Secretary of State **AUTHENTICATION:** 6341794

DATE: 01-28-08

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You may verify this certificate online at corp.delaware.gov/authver.shtml