## F-0900003584

| (Requestor's Name)                          |  |  |  |
|---|--|--|--|
|   |  |  |  |
| (Address)                                   |  |  |  |
|   |  |  |  |
| (Address)                                   |  |  |  |
|   |  |  |  |
| (City/State/Zip/Phone #)                    |  |  |  |
|   |  |  |  |
| PICK-UP WAIT MAIL                           |  |  |  |
|   |  |  |  |
| (Business Entity Name)                      |  |  |  |
|   |  |  |  |
| (Document Number)                           |  |  |  |
|   |  |  |  |
| Certified Copies / v Certificates of Status |  |  |  |
| 1   |  |  |  |
| Special Instructions to Filing Officer:     |  |  |  |
| <u> </u>                                    |  |  |  |
| AUTHORIZATION BY PHONE TO                   |  |  |  |
| CORRECT # LY PHONE TO                       |  |  |  |
| DATE 919/09                                 |  |  |  |
| DOG. BUNG MRD                               |  |  |  |
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Office Use Only



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09 SEP -8 PM 3: SECRETARY OF ST FALLAHASSEE FLO

## **COVER LETTER**

| TO:       | New Filing Section Division of Corporations  |  |
|-----------|--|--|
| SUBJI     | Name of corporation - must include suffix  | es, LTO  |
| Dear Si   | Sir or Madam:  |  |
| "Certifi  | nclosed "Application by Foreign Corporation for Authorization to Transact ficate of Existence," or "Certificate of Good Standing" and check are subminced foreign corporation to transact business in Florida. |  |
| Please    | e return all correspondence concerning this matter to the following:   |  |
|           | Christopher P. MSCASTLY Name of Person   | ,  |
|           | All Pro SECUCITY SELVING Firm/Company  |  |
|           |  |  |
|           | P.U. BOX 250633  |  |
|           | A dideoog  | <ul> <li>Certified Copy</li> </ul>   |
|           | FIDNALTANDER OF City/State and Zip code (10) And (10)  | Confluence on States of  |
|           | Von Fines Co. [1] 248 12 Elilius City/State and Zip code (115 for 6 )  | 1 SECTION AND A DESCRIPTION OF THE PERSON OF |
| <u>(</u>  | E-mail address: (to be used for future annual report no  | us · Com<br>tification)  |
| For furt  | rther information concerning this matter, please call:   |  |
| Chr       | Name of Person at (248) 539-9993  Area Code & Daytime Telephor   | - North and  |
|           | Area Code & Daytime Telephor   | ie number  |
|           | STREET/COURIER ADDRESS: MAILING AD New Filing Section New Filing Section   |  |
|           | Division of Corporations Division of Cor   |  |
|           | Clifton Building P.O. Box 6327<br>2661 Executive Center Circle Tallahassee, FL   | 32314  |
| $E_{130}$ | Tallahassee, FL 32301  |  |
| Enclose   | sed is a check for the following amount:   | esta esta esta esta esta esta esta esta  |
| \$70.     | 0.00 Filing Fee \$78.75 Filing Fee & Certified Cop   | \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy   |
|           | en an ter  |  |

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

بالزاء فالمنافقة وترقي الزعربية والحادث إرايان الراجي

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," "lnc.," "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. Michigan
(State or country under the law of which it is incorporated)

4. January 8, 2007
(Date of incorporation)

3. 20-5976672
(FEI number, if applicable)

5. perpetual
(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. 17356 WEST TWEIVE MILE, #200. SOUTHFIELD MI 48076
(Principal office address)

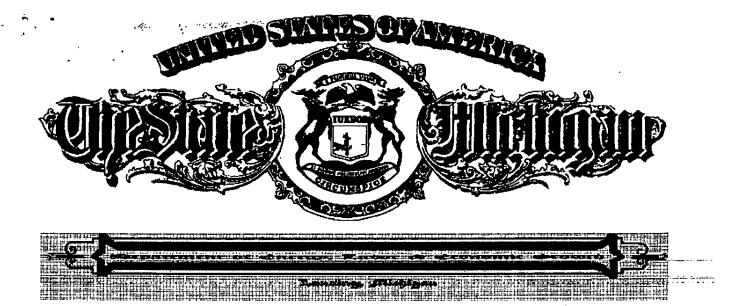
P.O. BUX 250633. FIRNALIN MI 48025
(Current mailing address) 8. INSTAILUTION OF CCTUS - CAMEras, Surveillance SYSTEMS.

(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) Christopher MSCPITHY 1401 SW 107 Ave, # 410. Office Address:  $\frac{m \cdot \omega_m}{\text{(City)}}$ , Florida  $\frac{33/73}{\text{(Zip code)}}$ 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.

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 bi  | usiness addresses of officers and/or directors:                                    | <i>r</i>                              |
|-------------------|--|---------------------------------------|
| A. DIRECTORS      |  | FILED                                 |
| Chairman:         | Christopher patrick MSCAITHY   | 09 SEP -8 PM 3: 36                    |
| Address:          | 17356 West Twelve Mile #200.   | FALLAHASSE UF STATE                   |
|                   | SUUTHFIRID MI 48076  | - FLORIDA                             |
| Vice Chairman:    | · · · · · · · · · · · · · · · · · · ·  | · · · · · · · · · · · · · · · · · · · |
| Address:          |  |                                       |
|                   |  | ·····                                 |
| Director:         |  |                                       |
| Address:          |  |                                       |
|                   |  |                                       |
| Director:         |  |                                       |
|                   |  |                                       |
|                   |  |                                       |
| B. OFFICERS       |  |                                       |
| President:        | Christopher PATISCH MSCAITHY   |                                       |
| Address:          | 17356 WEST TWEIVE MITE, # ZU   | 0                                     |
|                   | South F: 410 MI 48076  |                                       |
| Vice President:   | William J. MECRITHY  |                                       |
|                   | 17356 WEST TWELVE MilE, # Z  | 200.                                  |
|                   | South Fig. 10 MIT 48076  | <del> </del>                          |
| Secretary:        | M  |                                       |
| Address:          | 17356 WEST TWEIVE MILE, SUTHER   | 410 ME 48016                          |
|                   |  | · · · · · · · · · · · · · · · · · · · |
|                   |  |                                       |
|                   |  |                                       |
| NOTE: If necessar | ary, you may attach an addendum to the application listing additional officers and | /or directors.                        |
| 13                | Chuna P. MEC with  |                                       |
|                   | (Signature of Director or Officer listed in number 12 of the application)          | •                                     |
| 14                | (Typed or printed name and capacity of person signing application)                 |                                       |



This is to Certify That

## ALL PRO SECURITY SERVICES, LTD.

was validly incorporated on January 8, 2007, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission 994816

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 28th day of August, 2009

Director

Bureau of Commercial Services