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TO: New Filing Section Division of Corporations
SUBJECT: Code 3 Security and Protection Services, 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," or "Certificate of Good Standing" 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:
Heith brow
Name of Person
Code 3 Society and Protection Services, INC.
3277 Pine Ochard Lane St. 2 Address
Ellicott City MO 2042 City/State and Zip code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (301) 346-5818  Area Code & Daytime Telephone Number
Name of Ferson 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 sheck for the following amount:
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status Certified Copy  [ \$87.50 Filing Fee, 'Certificate of Status & Certified Copy 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.

			e adopted for the purpose of transacting business in Flori . <u>34-2026340</u> (FEI number, if applicable)	da)	
4(Date	2/14/04	5	(Duration: Year corp. will cease to exist or "perpetua	179\	
	~ <i>)</i> A		•	<b>'</b> )	
	(SEE SECTIO	NS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liability)	<b>2010</b> (	•
7. 9675 4t	steed Noet	h Sl. Peleesk	ourg FL 33702		T
		(Principal office ad	Ellicott City mo 21042	29 PH	m
8. <u>To +</u> (Purpose(s	CONSOCH DUSING 6) of corporation authori		ountry to be carried out in state of Florida)	2: 49 Tate	
9. Name and street	et address of Florida re	egistered agent: (P.	O. Box NOT acceptable)		
Name:	1				
Office Address:	9675 4th	Steed Noeth			
	Sl. Pelees	City)	, Florida <u>33702</u> (Zip code)		
Having been nam designated in this further agree to c	application, I hereby omply with the proxis	accept the appoint ions of all statutes i	ice of process for the above stated corporation at the ment as registered agent and agree to act in this carelative to the proper and complete performance of osition as registered agent.	pacity.	I es,

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.

	and business addresses of officers and/or directors:
A. DIREC	TORS
Chairman: _	
Address:	
_	<u>≥</u> 9 <b>2</b> − 0 <b>5</b> − 0 − 0 <b>5</b> − 0 − 0 − 0 − 0 − 0 − 0 − 0 − 0 − 0 −
Vice Chairma	n:
Address:	
Director:	Wayne Boll
	277 Pine Orched Lave St. 2
	illroll City ma 21042
	·
Address:	
B. OFFICE	
President: 👍	with LYNN
Address: _3	277 Pive Orchard Love 51.2
	Thicott Cty mo 21042
Vice Presiden	t:
Address:	
Secretary:	
-	
Address:	Viahalla Zagba
	Inchelle Zeebe
_	277 Pine Oschard Lave St. 2 Ellicott City mo 21012
NOTE: If n	ecessary, you may attach an addendum to the application listing additional officers and/or directors.
13	Signature of Director or Officer
The officer o	r director signing this document (and who is listed in number 12 above) affirms that the facts stated herein
	hat he or she is aware that false information submitted in a document to the Department of State constitutes a felony as provided for in s.817.155, F.S.
14. a	Keith Linn (Resident)
· ··	(Typed or printed name and capacity of person signing application)

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CODE 3 SECURITY AND PROTECTION SERVICES, INC., INCORPORATED JUNE 14, 2004, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 28, 2010.

Paul B. Anderson Charter Division

Faul B. Undron

SEAR DEST OF STATE TALLARIASSEE, FLORIDA



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

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