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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.

Account Number : I20070000019 Phone : (518) 689-1212 Fax Number : (518)432-0742

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION BURBANK SECURITY SERVICES INC.

Certificate of Status	0
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STREET ADDRESS: 101 East Gaines Street, Suite 636 • PHONE (850) 410-9600 • FAX (850) 410-9548
MAILING ADDRESS: Division of Financial Institutions, 200 East Gaines Street, Tallahassee, FL 32399-0371
Visit us on the web: www.flofr.com • Toll Free: (800) 848-3792

TOM GRADY COMMISSIONER

November 28, 2011

Alexander Almonte, Esq. 119 Washington Avenue, Suite 101 Albany, NY 12210

Re: Burbank Security Services Inc.

Dear Mr. Almonte:

Thank you for your recent letter/fax requesting approval for use of the above-referenced name.

It is the opinion of this Office that the above-referenced corporate name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,

Linda B. Charity

Director

LBC:bk

cc: Karon Beyer, Chief, Bureau of Commercial Recordings, Division of Corporations,
Department of State

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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. BURBANK	SECURITY SERVICES INC.	
	corporation; must include "INCORPORATE	ED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")	
•		
7.C 11		
	_	me adopted for the purpose of transacting business in Florida)
2. NEW YOR	K	3(FEI number, if applicable)
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
4. <u>03/14/11</u>		5. PERPETUAL
(Date	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. UPON FIL		<u> </u>
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability) , NY 11756 uddress) /N, NY 11756 address)
7.8 TRAPP	PER LANE, LEVITTOWN	, NY 11756 Lighters) /N, NY 11756
-	(Principal office a	address)
8 TRAPE	PER LANE, LEVITTOW	/N. NY 11756
	(Current mailing a	address)
		2
	TY SERVICES	
(Purpose(s) of corporation authorized in home state or	r country to be carried out in state of Florida)
9. Name and street	et address of Florida registered agent: (I	P.O. Box NOT acceptable)
Name:	USA-RA LLÇ	
Office Address:	841 PRUDENTIAL DRIVE, 12TH F	LOOR
	JACKSONVILLE	Florida 32207
	(City)	, Florida 32207 (Zip code)
10 Baristanada	474	
	gent's acceptance: ned as registered agent and to accept ser	rvice of process for the above stated corporation at the place
designated in this	application, I hereby accept the appoin	ntment as registered agent and agree to act in this capacity. I
		s relative to the proper and complete performance of my duties,
ana 1 am jamulai	r with and accept the obligations of my	position as registerea agent.
	/ / / D	
	Mulo Yas	cender-menber
_	(Registered agent's signatur	

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.

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12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: ARMANDO FUENTES	
Address: 8 TRAPPER LANE, LEVITTOWN, NY 11756	
Vice Chairman;	
Address:	***************************************
Aug	
Director	
Director:	
Address:	
Director:	
Address:	DEC CKE
	
B. OFFICERS	COR.
President: ARMANDO FUENTES	RPOR.
Address: 8 TRAPPER LANE, LEVITTOWN, NY 11756	CORPORATION 12
	N 20
Vice President:	
Address:	
· · · · · · · · · · · · · · · · · · ·	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attached to the application listing addition	nal officers and/or directors
13. Leduil/2	and officers allowed directors.
Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 12 above) are true and that he or she is aware that false information submitted in a document to third degree felony as provided for in s.817.155, F.S.	
14. ARMANDO FUENTES, PRESIDENT	

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

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State of New York Department of State } ss

I hereby certify, that the Certificate of Incorporation of BURBANK SECURITY SERVICES INC. was filed on 03/14/2011, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



SECRETARY OF STATE DIVISION OF CORPORATIONS

11 DEC -1 AM II: 13

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 08th day of November two thousand and eleven.

H110002702013

First Deputy Secretary of State