## F95000000033

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

1440 (1441 (144) (1441 (144) (1441 (144) (

SUBJECT: 100 (Name of corporation - must include sulfix)

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:

(Name of Person)

1)(CC)(Firm/Company)

(Address)

(City, State and Zip Code)

SS FEB 21 FF II: 0

Should you need to call someone concerning this matter, please call:

(Name of Person) at (1/(1/1) 5/(1-54//).

Area Code & Daytime Telephone Number

**COURIER ADDRESS:** 

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tall thassee, FL 32314



## Black Belt Security & Detective, Inc.

1340 Highland Ave. Torrington, CT 06790 (203) 482-0246 FAX (203) 482-9287 "Our reputation means more to us than short term profits"

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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.  | (Name of corporation: must include the word "NCORPORATED", COMPANY, CORP abbreviations of like import in language as will clearly indicate that it is a corporation in or partnership if not so contained in the name at present.) | ORATION or<br>istead of a nat  | words or<br>tural person |  |  |
|---|--|--|--------------------------|--|--|
|   | 2. (State or country under the law of which it is incorporated) 3. (FEI number, if applied   | ( († /)  |                          |  |  |
| 4.  | b  |  |                          |  |  |
| 4. (Date of Incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual") |  |  |                          |  |  |
| 6.  | (Duration: Year corp. will cease to exist or "perpetual")  (Date first transladted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)   |  |                          |  |  |
| ı   | (Date first transacted business in Florida. (See sections 607,1501, 607,1502, and 817,155, F.S.)   | irst transbitted business in Florida. (See eactions 607,1501, 607,1502, and 817,155, F.S.) |                          |  |  |
| 7.  | · - 3 40 1 / 50 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | il ile   | 1.5                      |  |  |
|   | - 11111111111 1 1 1 1 1 1 1 1 1 1 1 1 1  |  | Crix On                  |  |  |
|   | (Current mailing address)  |  |                          |  |  |
| 8.  | (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Floridal)   |  |                          |  |  |
|   | rrurpose(s) of corporation authorized in home state or country to be carried out in the  | e state of Flori   | <del>(12) - :</del>      |  |  |
| 9.  | Name and street address of Florida registered agent:   | i<br>I   | )<br>10 등 전<br>10 등 전    |  |  |
|   | Name: Martin (1411-11)   |  | N3                       |  |  |
|   | Office Address: 354   150   111  | ,  |                          |  |  |
|   | Florida ,  |  | 2                        |  |  |
|   |  | (Zip Code)   | )                        |  |  |
| 10.   | . Registered agent's accentance:   |  |                          |  |  |

## 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 addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Zene Plantan Vice Chairman: Address: \_\_\_\_ Director: \_ Ac≔uss: \_\_\_\_ Director: \_1 Address: \_\_\_\_\_\_ 41. ارزال В. **OFFICERS** Address: \_\_\_\_\_\_ ( ) ( ) ( ) Vice President: 1 14 4 Address: \_ Secretary: \_\_v\_\_\_\_\_ Address: Treasurer: Address: \_\_\_\_\_\_\_\_ NOTE: If necessary, you may at the an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

Office of the Secretary of the State of Connecticut

I, Miles S. Rapoport, Secretary of the State of Connecticut, and keeper of the seal thereof, DO HEREBY CERTIFY, that

BLACK BELT SECURITY & DETECTIVE INC

duly incorporated under the laws of Connecticut is in good standing.

Secretary of the State

FEB 24 1

Date Issued: February 16, 1995

NM