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CR2E031 (1-89)

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:

2. Delaw		aw of which it is incorporated)	
3. <u> </u>	ovember 9, 1988	4. Perpetual	မှုလု းကို
(Date	of incorporation)	(Duration)	Jai
i	22-2961823		E
	(Federal Employer I	dentification number, if applicable)	-+1
	d. A.		PH 12
)ate first	transacted business in Florida	. See sections 607.1501, 607.1502,	
			*. *
1819 1	Main Street, Suite 1000, Sar		<i>6</i> 3
	(Current m	nailing address)	
Manage	ement company for prison fac	ilities	
irier des	caption of the nature of the bus	siness in which it is engaged in the st	ate of Florida
	•		
Names	and addresses of officers and	or directors:	
		or directors:	
Dir	ectora:	or directors:	
<u>Dir</u>	ctors: James F. Slattery		
<u>Dir</u>	James F. Slattery 1819 Main Street, Suite 1		
<u>Dir</u>	ctors: James F. Slattery		
<u>Dir</u> hairman: ddress:	James F. Slattery 1819 Main Street, Suite 1 Sarasota, FL 34236		
hairman: ddress:	James F. Slattery 1819 Main Street, Suite 1 Sarasota, FL 34236 Man: Aaron Speisman	000	
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LDir	James F. Slattery 1819 Main Street, Suite 1 Sarasota, FL 34236 man: Aaron Speisman 1819 Main Street, Sui	000	

	James F. Slattery	
Address:	1819 Main Street, Suite 1000	
	Sarasota, FL 34236	
Vice Presid	ient: Aaron Speisman	
Address:	1819 Main Street, Suite 1000	
	Sarasota, FL 34236	
Secretary:	Anron Speisman	
Address:	1819 Main Street, Suite 1000	
	Sarasota, FL 34236	6 6 3 3 3 3
Treasurer:		
Address:		- ₽ ₹
·		-
0. Name	and Street address of Florida registered agent: Name:	
Offi	ice Address: 1819 Main Street, Suite 1000	
	,Florida	34236
	•	Zip Code
s registered rovisions of m familiar w	g been named as registered agent and to accept service of pration at the place designated in this application, I hereby act agent and agree to act in this capacity. I futher agree to cort all statutes relative to the proper and complete performance with and accept the obligations of my position as registered agree.	cept the appointme oply with the of my duties, and I
Regist	tered agent's signature: James F. Slatter	
Suvery of thi	o is a certificate of existence duly authenticated, not more that is application to the Department of State, by the Secretary of dy of corporate records in the jurisdiction under the law of wh	State or other officia
3.	£ 9. 9.	
James F.	Chairman, Vice Chairman, or any officer listed in number 9 (Slattery, President	of the application)
l	(Name and capacity of person signing application)	
James F.	(Name and capacity of person signing application) Slattery, President	

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ESMOR MANAGEMENT, 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 SIXTEENTH DAY OF JANUARY,

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



AUTHENTICATION:

7790922

DATE:

01-16-96

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