# F98000001556

#### TRANSMITTAL LETTER

Oualification/Tax Lien Section To: Division of Corporations

MARSHAL PROTECTIVE 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", 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:

RONALIS A. RUSMAN
(Name of Person) MARSHAL PROTECTIVE SERVICES, INC (Firm/Company) S400 S.W. 12 TH STREET D110 (Address) N. LAUD FL. 33068 (City/State/Zip)

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

EUZABETH J. MERWINE (954-) 968-2809
(Name of Person) (Area Code & Daytime Telephone Number)

#### **COURIER ADDRESS:**

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

#### MAILING ADDRESS:

Qualification/Tax Lien Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 10, 1998

RONALD A. RUDMAN MARSHAL PROTECTIVE SERVICES, INC. 5400 SW 12TH ST D110 N. LAUDERDALE, FL 33068

SUBJECT: MARSHAL PROTECTIVE SERVICES INC.

Ref. Number: W98000005275

We have received your document for MARSHAL PROTECTIVE SERVICES INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6092.

Letter Number: 798A00012892

Hart Collins Senior Corporate Section Administrator

### 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.

| I MARSHAL PROTECTIVE SERVICES INC   |             |
|---|-------------|
| (Name of comporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or   |             |
| words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a                          |             |
| natural person or partnership if not so contained in the name at present.)  |             |
|   |             |
| 2. NEW YORKSTATE 3. 11-318-8652   |             |
| 2. NEW YORK STATE  (State or country under the law of which it is incorporated)  3. 11-318-8652  (FEI number, if applicable)              |             |
| 17-13-63 P-DDETIAL  |             |
| 4. 12-13-93  (Date of incorporation)  5. PERDETUAL  (Duration: Year corp. will cease to exist or "perpetual")                             |             |
| (Date of incorporation)   |             |
| 6. Warting for Lieuce approval — (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)         | <del></del> |
| (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  |             |
| 7 MARSHAL PROTECTIVE SERVICES INC   |             |
| ZGIOHARING STREET BROOKLYN N.Y. 11235   |             |
| (Current mailing address)   |             |
|   |             |
| 8. TO CONDUCT PROTECTIVE SERVICES.  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) |             |
| (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 or Mail Drop Box NOT acceptable)  | <b>a</b>    |
| Name: Elizabeth J. Herwine  Office Address: Stoo S.W. 12 STREET   | NISIV       |
| Office Address: S400 S.W.12 STREET  | 经常          |
| Office Address: SYUU S: WILL STATE  | 932         |
| STED-110 Plants 33068   |             |
| STED-110, Florida, 33068  N. LAUD, P. (Zip code)  | POS<br>S    |
| W. LAUC, M.   | Ã           |
| 10. Registered agent's acceptance:  | SNO.        |
| Having been named as registered agent and to accept service of process for the above stated corporation at the place                      | e designate |
| in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a                   | gree to     |
| comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fa                      | miliar with |
| and accept the obligations of my position as registered agent.  |             |
| benned H. bran  |             |
| (Registered agent's signature)  |             |

<sup>11.</sup> 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: (Street address ONLY - P.O. Box NOT acceptable)           |
| A. DIRECTORS (Street address only - P.O. Box NOT acceptable)  |
| Chairman: Ronald A. Rudman  |
| Address: 5400 S.W 12th St St D-110  |
| n. Land, P1 33068   |
| Vice Chairman: Clizabeth J. MERWINE   |
| Address: 5400 S. W 12th St D-110  |
| N. LAUd, F1 33068   |
| Director Camela Tardi   |
| Address: 1485 E 854h St   |
|   |
| BK14N h. y 11236  |
| Director:   |
| Address:  |
| B. OFFICERS (Street address only - P.O. Box NOT acceptable)   |
| President: Ronald A. Rudman   |
| Address: 2610 HARing St   |
| BK14N N. 4 11235  |
| Vice President:   |
|   |
| Address:  |
| Charles Vallage   |
| Secretary: Elizabeth J. MERWINE   |
| Address: 5400 S.W. 124h St DIIO   |
| N. hard 41 33068  |
| Treasurer: Bill A MERWINE   |
| Address: 5400 S.W 12th St D110  |
| N. Land, 4 33068  |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| 13.   |
| (Signature of Chairman) Vice Chairman, or any officer listed in number 12 of the application)  14  PRESERVENT   |
| 14 / KC>CK VCN (  |

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

## State of New York Department of State | ss:

I hereby certify, that the certificate of incorporation of MARSHAL PROTECTIVE SERVICES INC. was filed on 12/13/1993, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in 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 a subsisting corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 19th day of February one thousand nine hundred and ninety-eight.

Special Deputy Secretary of State

199802200008 36

SECRETARY OF STATE DIVISION OF CORPORATIONS