F98000002423 TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations
SUBJECT: Secure Une, 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:
(Name of Person) \$00002449208—PE Secure Ove, Inc03/06/9801051001 *****78.75 ******78.75
(Firm/Company)
5010 Linbar Dr. Ste. 155
(Address)
Nashville, TN 37211
(City/State/Zip)
478-508H
Should you need to call someone concerning this matter, please call:
Same of Person) at (65) 832-9444 (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

28 PH to

SECRETARY OF STATE DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 6, 1998

CONNIE MCKAY SECURE ONE INCORPORATED 5010 LINBAR DR, SUITE 155 NASHVILLE, TN 37211

SUBJECT: SECURE ONE INCORPORATED

Ref. Number: W98000005084

We have received your document for SECURE ONE INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the street addresses of the officers in section 12 and have one of them sign section 13.

I am returning the annual report acknowledgement as this office requires that a foreign corporation submit an original "certificate of existence" issued by the Tennessee Secretary of State dated within the last 90 days. Please contact the Tennessee Secretary of State at (615) 741-6488 to request such certificate.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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.

Hart Collins Senior Corporate Section Administrator

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Letter Number: 198A00012473

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned	Bruce Prow	do hereby certify
that this Resolution of the	Board of Directors of Secur	e One, Inc.
	(Corporate Name)	4
a corporation duly organiz	zed and existing under the laws of the State	of Jennessee.
was duly adopted on	\wedge	, 19 <u>95</u> .
	Secure De Inc	,
organized and existing in	the State of	, hereby adopts the name
Tailor	Made Security Serv	fices, In for use in Florida.
Dated: 4/27/		DIVISION DIVISION DIVISION D
	Bruce Prow C	YOF S PH

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITI	ED T	0
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.		
Some Township		
(Name of corporation; 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.)		
1 Tennessee 3 102-1616744		
(State or country under the law of which it is incorporated) (FEI number, if applicable)		
4. Detaber 1995 5. Der Detuce (Duration: Year corp. will cease to exist or "perpe	emal")	
(Date of incorporation) (Datation: Year outp. was country of purpose	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
6 None as of yet		
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)		
5010 Linbar Dr. Ste 155		
11-11 11 2011		
(Current mailing address)		···
(Current manning audices)		
· Installation of security systems		
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)		
	-1-1	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptate	ne)	
Name: Michael Oliver		6
777 6	98	IV _S
Office Address: 13311 Southern Precast Dr.	APR	SCS
Made 2016	ž	
Hachua, Florida, 3265	28	227
(Zip code)	윤	얼룩님
10 D		SS
10. Registered agent's acceptance:	~~ —	A A
Having been named as registered agent and to accept service of process for the above stated corporation at the	ट्रा e place	destenated
in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fur	ther a	zree to
comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I	am fan	niliar with
and accept the obligations of my position as registered agent.		
Sphoche III		
(Registered agent's signature)		

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: *(Street address ONLY - P.O. Box NOT acceptable)
A. DIRECTORS (Street address only - P.O. Box NOT acceptable)
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS (Street address only - P.O. Box NOT acceptable)
President: Michael Sanford
Address: 9416 Gentlewind Dr.
Brentwood, TN 37027
Vice President: Sruce Prow
Address: 9048 Smithson Lane
Brentwood, IN 37027
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addenduanto 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. Bruce Prow CEO (Typed or printed name and capacity of person signing application)

Secretary of State **Corporations Section** James K. Polk Building, Suite 1800 Nashville, Tennessee 37243-0306

ISSUANCE DATE: 04/14/1998 REQUEST NUMBER: 3498-1323 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 10/02/1995 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0301081 JURISDICTION: TENNESSEE

ŠEĆUREONE INC. AT: C. MCKAY 5010 LINBAR DR NASHVILLE, TN 37211

REQUESTED BY: SECUREONE INC. AT: C. MCKAY 5010 LINBAR DR NASHVILLE, TN 37211

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"SECURE ONE INCORPORATED"

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID; THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 04/14/98

RECEIVED:

\$10.00

\$10.00

TOTAL PAYMENT RECEIVED:

\$20.00

RECEIPT NUMBER: 00002290647 ACCOUNT NUMBER: 00252964



SECUREONE, INC. SUITE 304 1135 BELL RD ANTIOCH, TN 37013-0000

FROM:

RILEY C. DARNELL SECRETARY OF STATE

SS-4458