

F98000003841
TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: JLA Security Systems, 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:

John Lawless
(Name of Person)
JLA Security Systems, Inc.
(Firm/Company)
897 NW 83 Drive, Coral Springs
(Address)
Coral Springs, FL 33071
(City/State/Zip)

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DIVISION OF CORPORATIONS
98 JUL -6 AM 9:00

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

John Lawless at (954) 753 6391
(Name of Person) (Area Code & Daytime Telephone Number)

STREET 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

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. JLA Security Systems, Inc.
(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.)
2. Wyoming 3. 83 0322097
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4-29-98 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Not yet Begun
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 200 N. 17th Cheyenne, WY 82001
(Current mailing address)
8. Security System Design, Installation, Monitoring, Maintenance
(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)
Name: John Lawless
Office Address: 897 NW 83 DR
Coral Springs, Florida, 33071
(Zip code)

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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.

John V Lawless
(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: John Lawless

Address: 897 NW 83 DR
Coral Springs, FL 33071

Vice Chairman: _____

Address: _____

Director: John Lawless

Address: 897 NW 83 DR
Coral Springs, FL 33071

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: John Lawless

Address: 897 NW 83 DR
Coral Springs, FL 33071

Vice President: Ann Lawless

Address: 897 NW 83 DR
Coral Springs, FL 33071

Secretary: Ann Lawless

Address: 897 NW 83 DR
Coral Springs, FL 33071

Treasurer: John Lawless

Address: 897 NW 83 DR
Coral Springs, FL 33071

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. John Lawless
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JOHN LAWLESS
(Typed or printed name and capacity of person signing application)

State of Wyoming

Office of the Secretary of State



United States of America,
State of Wyoming } ss.

I, DIANA J. OHMAN, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF INCORPORATION

OF

JLA SECURITY SYSTEMS, INC.

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Accordingly, the undersigned, by virtue of the authority vested in me by law, hereby issues this Certificate.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Wyoming. Done at Cheyenne, the Capital, this 29TH day of APRIL A.D., 1998.

Diana J. Ohman
Secretary of State

By *Jewell Laatsch*