F98000004741

SUBJECT: CERTIER PRIVATE THUES-TOGATERS 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: James Teery	
$\frac{\text{Oviedo Fl. 32765}}{\text{(City/State/Zip)}}$	
Should you need to call someone concerning this matter, please call: 4000261210408/10/9801110008 ******70.00 ******70.0	· 2 00
Tours 75-01 1106 357-8046 W98-18106	

COURIER ADDRESS:

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

(Name of Person)

Qualification/Tax Lien Section

Division of Corporations

To:

MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 10, 1998

JAMES PEERY CTS OF DELAWARE 1325 HAMPSTEAD TER. OVIEDO, FL 32765

SUBJECT: CERTIFIED PRIVATE INVESTIGATORS INC.

Ref. Number: W98000018106

We have received your document for CERTIFIED PRIVATE INVESTIGATORS. INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

You would need to list at least one officer and that particular officer would need to sign the form.

The name on line one of the application should match the name on the certificate. If you choose to have a DBA name you would need to complete the enclosed Fictitious Name Application.

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) 487-6097.

Michael Mays Document Specialist

Letter Number: 498A00041570

SECRETARY OF STATE DIVISION OF CORPORATION

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 "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.	
6.	(Date of incorporation) Duration: Year corp. will cease to exist or "perpetual") Out 11 to Control (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
(1325 Hampstend Tee. Oviedo Fl. 32765 (Current mailing address)
8.	Private Investigations / Information management 2500 (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
	Name: James Teery Flice Address: 1325 Hamp Stead Tex
.	
10	Registered agent's acceptance:
in co	aving been named as registered agent and to accept service of process for the above stated corporation at the place designated this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to mply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a daccept 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: (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: Address: ____ Address: 1325 Hampstead (407) 359-8046 20F68 Secretary: _ Address: Address: 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) JAMES G PEREX IR

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

State of Delaware

Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CTS INC. OF DELAWARE INTERNATIONAL"
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 THIRTIETH DAY OF
JULY, A.D. 1998.

SECRETARY OF STATE DIVISION OF CORPORATIONS



Edward J. Freel, Secretary of State

AUTHENTICATION:

9224830

DATE:

07-30-98

2727890 8300

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