

F980000004933

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: FARA Security Services, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

900002629059--4
-08/31/98--01122--002
*****70.00 *****70.00

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:

Camilla Davis or Brandy Moss

(Name of Person)

FARA Security Services, Inc.

(Firm/Company)

2360 Fifth Avenue

(Address)

Mandeville, LA 70471

(City/State/Zip)

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

Camilla Davis or Brandy Moss at 504, 624-8383

(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 AUG 31 AM 10:04

mtm
9/1

**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. FARA Security Services, 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. Louisiana

(State or country under the law of which it is incorporated)

3. 72-1269913

(FEI number, if applicable)

4. 6/20/94

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. We will transact business after securing the required business licenses.
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 2360 Fifth Avenue

Mandeville, LA 70471

(Current mailing address)

8. Investigation and Collection Services

(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: CT Corporation System

Office Address: 1200 South Pine Island Rd.

Plantation

Florida, 33324

(Zip code)

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.

Randy A. Shelley
(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.

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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: "SEE ATTACHED"

Address: _____

Vice Chairman: "SEE ATTACHED"

Address: _____

Director: "SEE ATTACHED"

Address: _____

Director: "SEE ATTACHED"

Address: _____

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

President: "SEE ATTACHED"

Address: _____

Vice President: "SEE ATTACHED"

Address: _____

Secretary: "SEE ATTACHED"

Address: _____

Treasurer: "SEE ATTACHED"

Address: _____

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

13. Camilla Q. Davis

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

14. Camilla Q. Davis

Secretary

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

FARA Security Services, Inc.
Board of Directors

Mr. Reed A. Bell

Home

717 Tete L'Ours
Mandeville, LA 70471
504-845-3872

Office

2360 Fifth Ave.
Mandeville, LA 70471
504-624-8383

Mr. Donald E. Casse

Home

11 Shady Lane Rd.
Covington, LA 70433
504-626-7683

Office

2360 Fifth Ave.
Mandeville, LA 70471
504-624-8611

Mr. Daniel J. Clark

Home

129 Del Oaks
Madisonville, LA 70447
504-845-3237

Office

2360 Fifth Ave.
Mandeville, LA 70471
504-624-8383

Mrs. Camilla Q. Davis

Home

754 Penwood Dr.
Covington, LA 70433
504-893-7188

Office

2360 Fifth Ave.
Mandeville, LA 70471
504-624-8383

Mr. Louis R. Dubuc

Home

653 Pierce Dr.
Mandeville, LA 70448
504-624-8812

Office

2360 Fifth Ave.
Mandeville, LA 70471
504-624-8383

Mr. David M. Richard

Home

6 Red Oak Lane
Covington, LA 70433
504-893-0352

Office

2360 Fifth Ave.
Mandeville, LA 70471
504-624-8383

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CORPORATE OFFICERS

Mr. Donald E. Casse
Mrs. Camilla Q. Davis
Mr. Reed A. Bell

Vice President
Secretary
Treasurer

UNITED STATES OF AMERICA
State of Louisiana

Fox McKeithen

SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that
the Articles of Incorporation of

FARA SECURITY SERVICES, INC.

Domiciled at MANDEVILLE, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation
was issued on June 20, 1994,

I further certify that no Certificate of Dissolution has
been issued.

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DIVISION OF CORPORATIONS

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*In testimony whereof, I have hereunto set
my hand and caused the Seal of my Office
to be affixed at the City of Baton Rouge on,*

August 19, 1998

Fox McKeithen

CGR

Secretary of State

