

F99000003254

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: CORRECTIONAL CONTRACT PROGRAMS - INC.  
(Name of corporation - must include suffix) Company

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:

WILLIAM E. GUY, JR.  
(Name of Person)  
WILLIAM E. GUY, JR. ATTORNEY AT LAW  
(Firm/Company)  
55 EAST OCEAN BLVD.  
(Address)  
STUART FL 34994  
(City/State/Zip)

FILED  
99 JUN 17 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800002907598--5  
-06/17/99--01060--004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

Kim Macklem at ( 561 ) 286-7372  
(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

F99-3254

Name	OK
Availability	OK
Document	OK
Examiner	OK
Updater	OK
Verifier	OK
Acknowledgment	OK
M.P. Verifier	OK

**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. CORRECTIONAL CONTRACT PROGRAMS, 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. AUSTIN, TEXAS 3. 75-2346400  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. September 17, 1990 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 6/26/99  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 2523 NE INDIAN RIVER DRIVE  
JENSEN BEACH FL 34958  
(Current mailing address)

FILED  
JUN 17 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

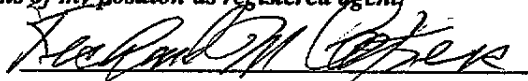
8. ~~To transact any lawful act or activity for which corporations may be organized under the Texas Business Corporation Act, and to carry out such~~  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. ~~purposes in other states, territories, districts or possessions of the U.S.~~  
Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: RICHARD M. COKER

Office Address: 2523 NE INDIAN RIVER DRIVE,  
JENSEN BEACH, Florida, 34958  
(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.*

  
(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: RICHARD M. COKER

Address: 2523 NE INDIAN RIVER DRIVE

JENSEN BEACH FL 34958

Vice President: JUANITA COKER

Address: SAME

Secretary: JUANITA COKER

Address: SAME

Treasurer: RICHARD M. COKER

Address: SAME

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

\* 13. Richard M Coker President  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

\* 14. Richard M Coker President  
(Typed or printed name and capacity of person signing application)



# The State of Texas

## SECRETARY OF STATE

IT IS HEREBY CERTIFIED that  
Articles of Incorporation of

CORRECTIONAL CONTRACT PROGRAMS, INC.  
File No. 1166708-0

were filed in this office and a certificate of incorporation was issued to this corporation,  
and no certificate of dissolution is in effect and the corporation is currently in existence.



*IN TESTIMONY WHEREOF, I have hereunto  
signed my name officially and caused to be  
impressed hereon the Seal of State at my office in  
the City of Austin, on June 10, 1999.*

 DLM

Elton Bomer  
Secretary of State